



MARIJUANA LICENSING MANAGEMENT SYSTEM (MLMS)

PO/BM Handbook

Last Updated: August 18, 2021



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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ADHS LICENSING PORTAL INTRODUCTION

Marijuana Program Overview

The Arizona Department of Health Services (ADHS) Marijuana Program began in 2010 when Arizona voters passed Proposition 203, an initiative creating the Arizona Medical Marijuana Act (AMMA). The AMMA made medical marijuana available for qualified patients with debilitating medical conditions. By 2020, the program grew to more than 250,000 qualified patients served by 120 dispensaries throughout the state of Arizona.

The statutes regarding the AMMA are found in Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.1. The rules (administrative law) are in the *Arizona Administrative Code* (A.A.C.) Title 9, Chapter 17. For the most recent information regarding the AMMA statutes and rules visit the [Medical Marijuana Rules and Statutes](#) web page on the ADHS website.

On November 3, 2020, voters passed Proposition 207, the Smart and Safe Arizona Act (SASAA). The SASAA made the responsible use of recreational marijuana legal for adults 21 years of age or older.

For SASAA, the statutes are in A.R.S. Title 36, Chapter 28.2. The rules are in A.A.C. Title 9, Chapter 18. The most recent information about the SASAA statutes and rules is found on the ADHS website [Adult Use of Marijuana Statutes and Rules](#) web page.

This manual outlines the ADHS Licensing Management System functions available to the Dispensary PO/BM.

For initial account setup and login details please refer to the section titled: [ADHS Portal Account Registration](#)
(located in the appendix of this handbook)

Marijuana Facility Types

Medical Marijuana Dispensary (“Dispensary”)

A nonprofit medical marijuana dispensary is a not-for-profit entity licensed by the department that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, supplies, sells or dispenses medical marijuana or related supplies and educational materials to qualified patients or their caregivers.

Dispensaries must follow the AMMA and the rules of the Medical Marijuana Program in A.A.C. Title 9, Chapter 17.

Marijuana Establishment (“Establishment”)

A marijuana establishment is an entity licensed by the department to:

- Sell marijuana to adults 21 years of age or older for recreational use from one retail location
- Operate a single off-site cultivation location where a licensee may cultivate marijuana, process marijuana and manufacture marijuana products
- Operate a single off-site manufacturing facility where the licensee may manufacture marijuana products and package and store marijuana and marijuana products, but from which marijuana and marijuana products may not be transferred or sold to consumers

Establishments must follow the SSASAA and the rules of the Adult-Use Marijuana Program in A.A.C. Title 9, Chapter 18.

Dual Licensee (“Dual”)

A dual facility is licensed by the department as both a medical marijuana dispensary and a marijuana establishment.

Marijuana Facility Roles

Role of a Principal Officer or Board Member (PO/BM) – Dispensary and Dual Facility

As a part of the initial application process to create and receive an approval to operate a marijuana facility, a list of initial principal officers and board members (PO/BM) is recorded on the certificate application. This indicates the marijuana facility has at least one dispensary PO/BM submitted the information needed to perform the PO/BM role. A PO/BM is authorized to:

- Grant access to DAs to view their DA Card
- Grant agents access to the Card Search & Sales Verification System for qualified patients/caregivers
- Review the patient/caregiver sales transactions of all agents and void or correct transactions
- Renew:
 - Facility Certificate
 - Dispensary Agent cards
- Terminate Dispensary Agent cards
- Update Dispensary Agent card information
- Apply for facility certificate Approved To items
- Apply for:
 - Dispensary Agent Card
 - Approval to Operate
 - Location Changes
 - Facility modifications
- Update facility information:
 - Hours of operation
 - Add or remove a PO/BM or Medical Director
 - Revise the name of the facility or the DBA name
 - Update the designated person
 - Update the facility email address, phone number, mailing address

Additionally, a PO/BM may perform the duties of a Dispensary/Facility Agent.

Due to the confidentiality requirements of the Arizona Medical Marijuana Act (AMMA), dispensary matters, including dispensary agent cards may only be discussed with the dispensary PO/BM.

Role of a Principal Officer or Board Member (PO/BM) – Establishment Facility

As a part of the initial application process to create and receive an approval to operate a marijuana establishment facility, a list of initial principal officers and board members (PO/BM) is recorded on the license application. This indicates the marijuana establishment facility has at least one establishment PO/BM who submitted the information needed to perform the PO/BM role. A PO/BM is authorized to:

- Link and Unlink Facility Agent cards
- Apply for facility certificate Approved To items
- Renew Establishment Certificate
- Apply for:
 - Approval to Operate
 - Location Changes
 - Facility modifications
- Update facility information:
 - Hours of operation
 - Add or remove a PO/BM
 - Revise the name of the facility or the DBA name
 - Update the designated person
- Update the facility email address, phone number, mailing address

Role of a Dispensary Agent (DA) – Dispensary or Dual Facility

Dispensary Agent (DA): Means the same as "[n]onprofit medical marijuana dispensary agent" in A.R.S. § 36-1901. A dispensary agent is a principal officer, board member, employee or volunteer of a nonprofit medical marijuana dispensary who is at least 21 years of age and has not been convicted of an excluded felony offense.

A Dispensary Agent (DA), may:

- View Portal Messages from ADHS
- Send messages to ADHS
- View DA-specific Notifications
- View and print their DA Card *
- Verify qualifying patient and caregiver cardholders*
- Register new sales transactions*

Role of a Facility Agent (FA) – Dual Facility

Facility Agent (FA): A Facility Agent is a principal officer, board member, employee or volunteer of a marijuana retail facility who is at least 21 years of age and has not been convicted of an excluded felony offense.

A Facility Agent (FA), may:

- View FA-specific Notifications
- View and print their FA Card*
- Verify qualifying patient and caregiver cardholders*
- Register new sales transactions*
- Link and Unlink to a facility

Role of a Facility Agent (FA) – Establishment Facility

Facility Agent (FA): A Facility Agent is a principal officer, board member, employee or volunteer of a marijuana retail facility who is at least 21 years of age and has not been convicted of an excluded felony offense.

A Facility Agent (FA), may:

- View FA-specific Notifications
- View and print their FA card
- Link and Unlink to a facility

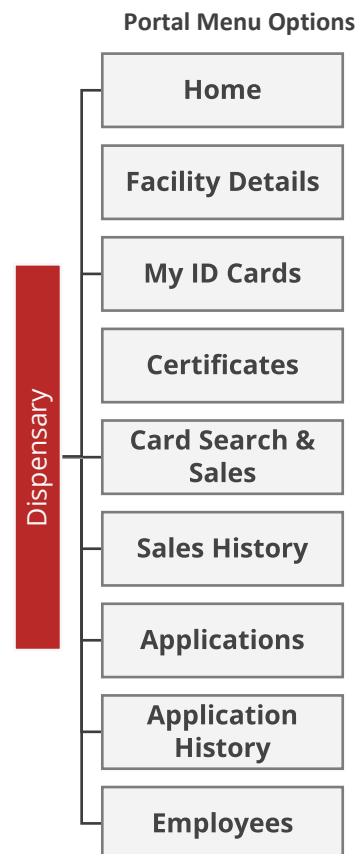
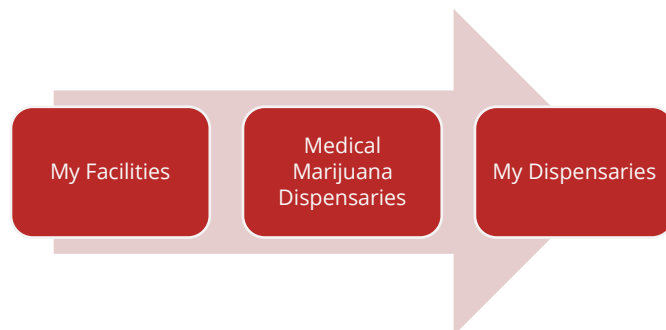
* Access is granted by PO/BM

LICENSING PORTAL OVERVIEW

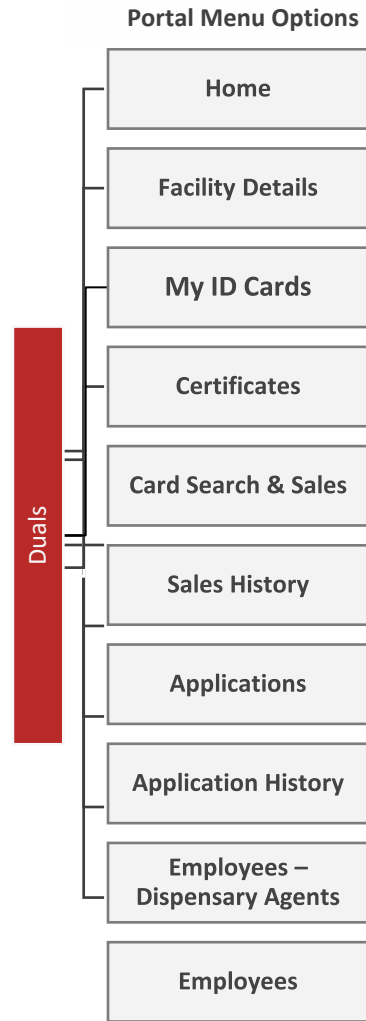
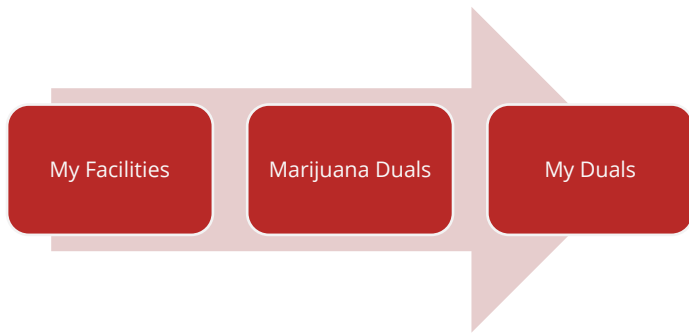
Facility Licensing Portal Details

The ADHS Licensing Management System includes functionality to allow Marijuana Facilities to interact with Patients, Caregivers, their employees and the ADHS Marijuana Program in accordance with the AMMA and SASAA. This manual details the ADHS Licensing Management System: Facility Licensing Portal functions available to the Facility PO/BM and the Individual Licensing Portal for Facility Agent functions (diagrammed below).

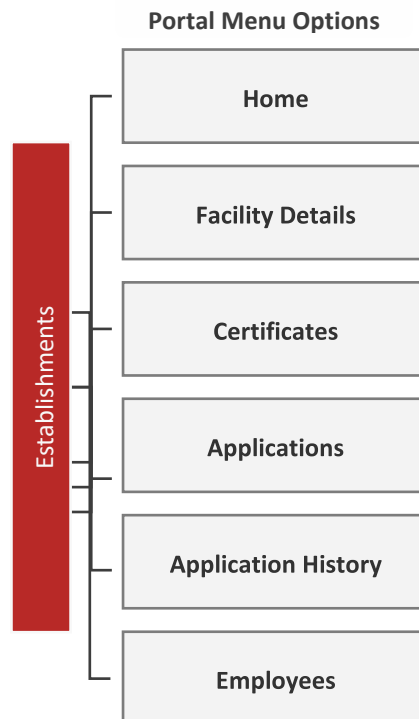
Dispensary Facility Licensing Portal



Dual Licensing Portal Sitemap



Establishment Facility Licensing Sitemap



- **Home:** Notifications and Message ADHS
- **Facility Details:** View facility information related to the dispensary, establishment or dual
- **My ID Cards:** View your Dispensary Agent Marijuana Registry Identification Card and Card History (*Duals & Dispensaries only*)
- **Certificates:** View certificates associated with the facility
- **Card Search & Sales:** Search a Patient or Caregiver Card for verification, allotment remaining and register a purchase – (Duals & Dispensaries only)
- **Sales History:** View and edit Dispensary sales transactions – (*Duals & Dispensaries only*)
- **Applications:** View and Submit Employee (*dispensaries only*) and Facility Applications
- **Application History:** View status of applications
- **Employees – Dispensary Agents:** View status and last access of employee DA Cards (*Duals & Dispensaries only*)
 - Dispensary Agent Marijuana Registry Identification Card
 - Grant or Deny Access to view electronic card and Card Search & Sales functions
 - Download, Renew, Report Stolen, Terminate employee card
- **Employees:** View link status, manage/link/unlink agents. Grant or deny Access to Card Search & Sales functions – (*Duals & Establishments*)

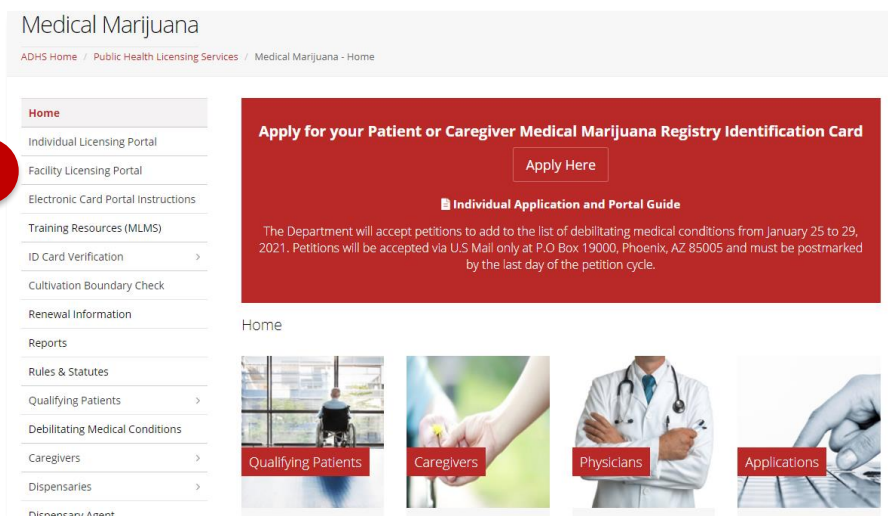
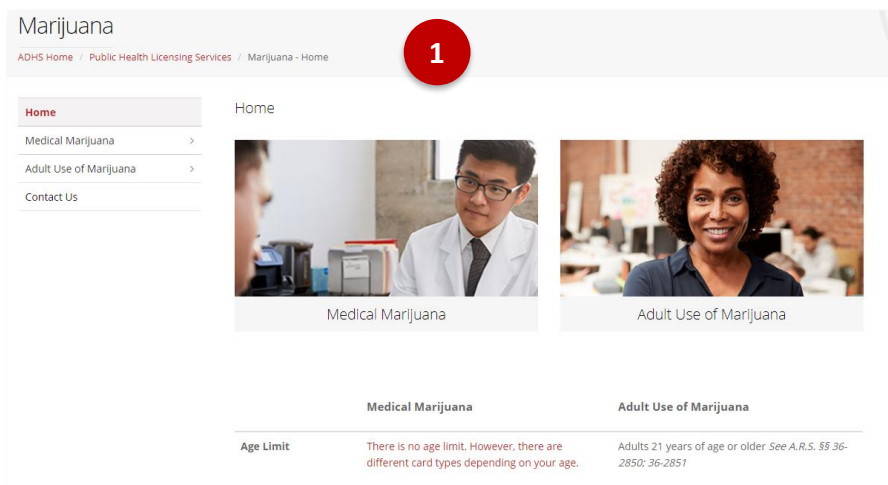
Note: This manual may not contain the most up-to-date images and details. Please refer to the AZDHS website for the latest news and information on the program.

<https://azdhs.gov/licensing/marijuana/index.php>

ADHS Facility Licensing Portal Login

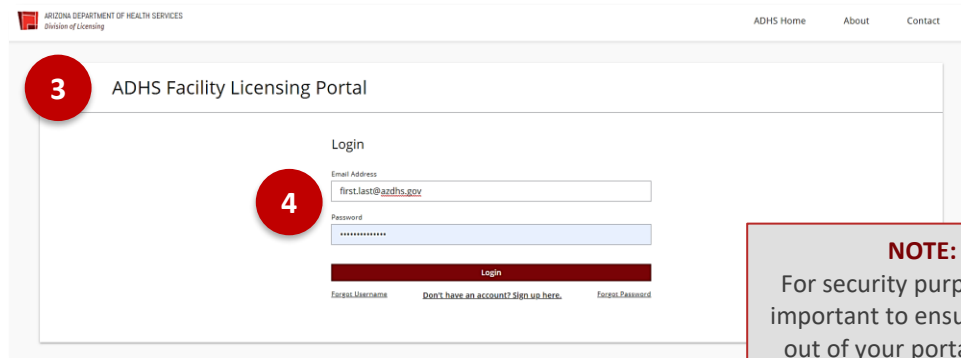
To access the Facility Licensing Portal, click the link to the Facility Licensing Portal on the Arizona Department of Health Services Marijuana Home page. This ADHS website also provides additional information regarding the Medical Marijuana Program and the Adult Use of Marijuana Program. To create an ADHS Licensing portal account, see **ADHS Licensing Portal Account Registration** instructions.

1. Access AZDHS.gov website – Search and access Marijuana Homepage:
<https://azdhs.gov/licensing/marijuana/index.php>
2. Select **Facility Licensing Portal** link



3. View **Facility Licensing Portal** login page
4. Enter ADHS Licensing portal credentials

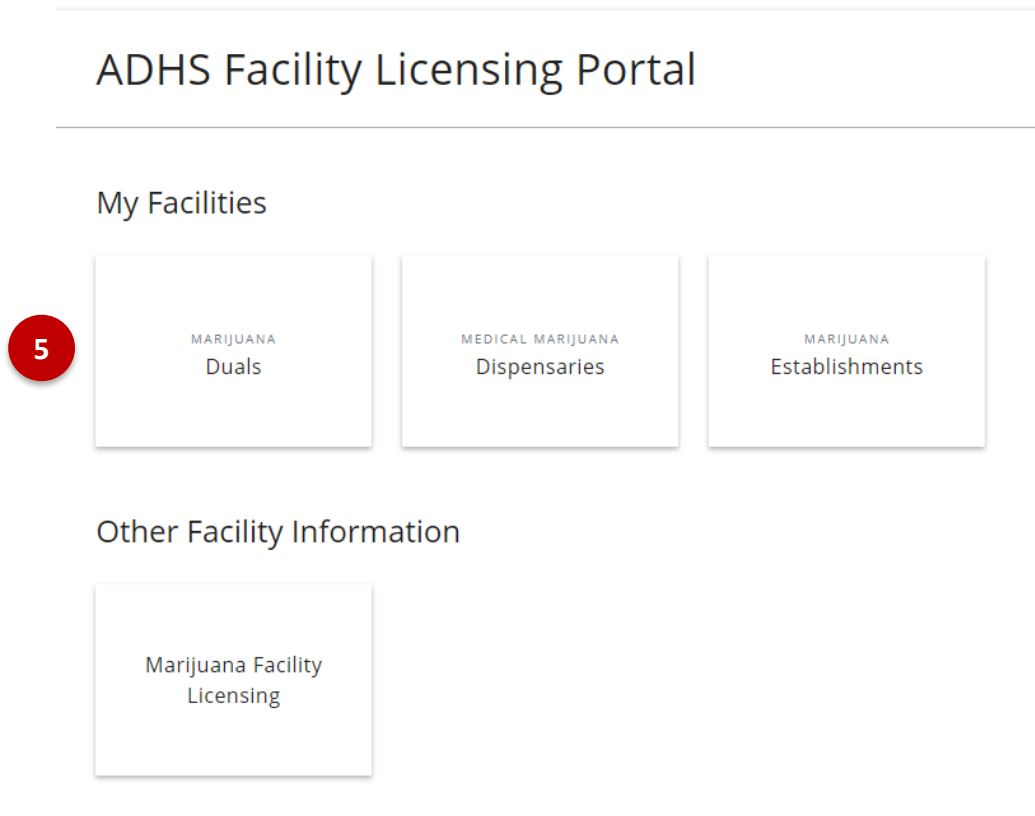
NOTE: Facility Licensing Portal users are required to update their password every 1 year (365 calendar days)



NOTE:

For security purposes, it is important to ensure you log out of your portal session when you are finished.

5. Select facility tile based on facility type



HOME TAB

Messages and Notifications

Access: PO/BM, FA (Duals) and DA

Overview: General facility portal tab navigation and functionality

1. **Announcement section:** Receive ADHS Licensing announcements
2. **Notifications:** View Application status and Action Required notifications
 - Agents has limited visibility to Notifications
3. **Message ADHS:** To send a message to ADHS, select the category of the message and provide a subject and the description of the message. Click "Send". Email will be sent to ADHS and the reply sent to the email address associated with the marijuana facility. Replies will be emailed from: M2dispensaries@azdhs.gov
 - **Category:** Select most appropriate category for the issue
 - **Subject:** Enter short description of the issue
 - **Description:** Explain the issue, provide as much clarifying information as possible
 - Click **Send** to email the message to ADHS

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Licensing

ADHS Facility Licensing Portal

Karl Conedab

Home

My ID Cards

Card Search & Sales

Sales History

Applications

Application History

Employees

Home

Welcome to the new ADHS Licensing Management System!

Notifications

New Dispensary Agent Application Approved
APPROVAL
Submitted - 5/16/2020

Replace Lost/Stolen Card Application Approved
APPROVAL
Submitted - 5/17/2020

Message ADHS

To ensure your message gets to the appropriate ADHS department, please select one of the following categories.

Category

--None--

Subject

Description

Send

Category

--None--

✓ --None--

Patient/Caregiver Issue

Transaction Issue

Technical Issue

Feedback

Verification Portal Access Request

Unlock Portal Request

FACILITY DETAILS TAB

Facility Details

Access: PO/BM

Overview: View current details of the facility including location addresses, hours of operation, contact information and more

1. View Facilities Details page to see facility related information

Facility Details

1

Facility Information

Name	Doing Business As	Designated Email Address	Phone Number
Good Times		megan.wagner+421@azdhs.gov	999-123-5879
TPT Number	Hours of Operation	Mark Hightower	Designated Person
	MON:CLOSED		Bill Richards
	TUE:CLOSED		
	WED:CLOSED		
	THURS:CLOSED		
	FRI:CLOSED		
	SAT:CLOSED		
	SUN:CLOSED		
Approved To			
Bill Richards	Dispensary POBM		

Mailing Address

Mailing Address	Suite, Unit, etc.		
400 W Southern Ave			
City	State	Zip Code	County
Phoenix	AZ	85041	Maricopa

Physical Address

Physical Address	Suite, Unit, etc.		
400 W Southern Ave			
City	State	Zip Code	County
Phoenix	AZ	85041	Maricopa

Secondary (Offsite) Address

Secondary Address	Suite, Unit, etc.		
City	State	Zip Code	County

MY ID CARDS TAB

Card History and Download

Access: PO/BM and DAs with Agent Card ID Access permission

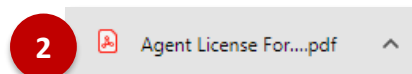
Overview: This tab is available for Dispensaries and Duals only and will display the most current and active DA card and card history – Facility Agent cards are only available from the Facility Agent portal within the Individual Licensing Portal

1. View PO/BM Dispensary Agent Electronic Registry Identification Card (not applicable to Establishments)

NOTE: Facility Agent cards are accessible from the Individual Licensing Portal

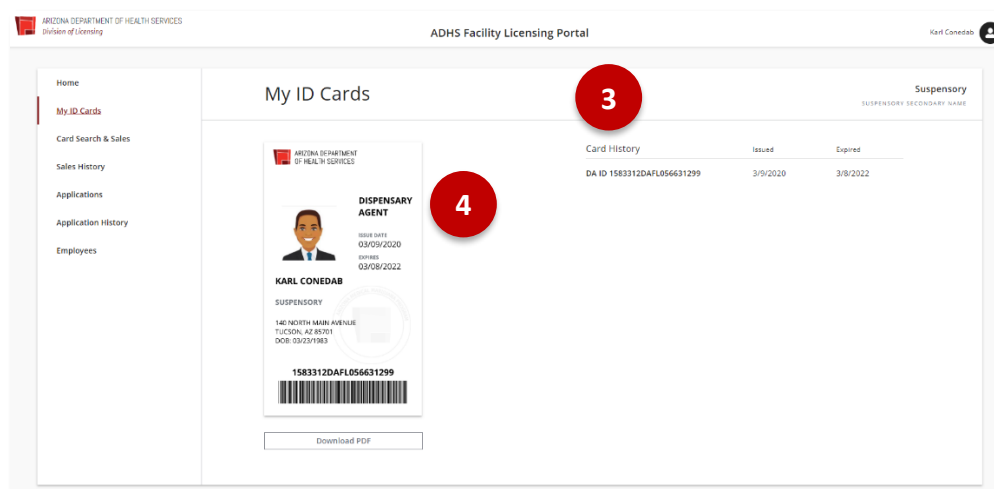


2. Click the **Download PDF** button
 - a. Click **PDF file link** for a printable version



3. Card History: View current card history, up to 3 years and Card ID, Issued Date, and Expired date
4. “**Dispensary Agent**” is the only role displayed on dispensary cards

NOTE: This is the same view a DA will have if the PO/BM grants them Agent ID Card Access



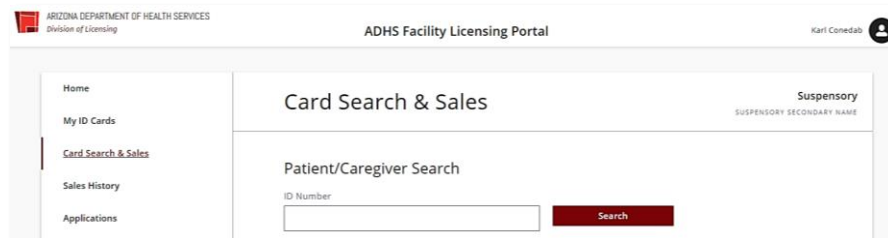
CARD SEARCH & SALES

Card Search & Sales Functionality for Qualified Patients

Access: PO/BM, FA (Duals) and DAs with Card Search & Sales permission

Overview: Only available for Dispensaries and Duals – this feature allows the user to search the patient/caregiver card and log sale amounts toward the allotment of a medical marijuana account

PO/BMs or Agents with **Card Search & Sales** access are directed to the landing page:

The screenshot shows the 'ADHS Facility Licensing Portal' interface. On the left is a sidebar with navigation links: Home, My ID Cards, Card Search & Sales (highlighted), Sales History, and Applications. The main content area is titled 'Card Search & Sales' and includes a 'Patient/Caregiver Search' section with an 'ID Number' input field and a red 'Search' button. In the top right corner, there is a user profile for 'Kari Conedab' and a 'Suspensory' section with the text 'SUSPENSORY SECONDARY NAME'.

The following rules apply to marijuana dispensary and dual medical marijuana transactions:

- Card may be presented in either electronic or printed format
- You may only sell to caregivers or adult patients
 - You may not sell to minor patients (patients under 18 years old). Minor patients can only receive their medication through their designated caregiver
 - A Dispensary/Lab/Facility Agent cards does NOT qualify a person to purchase medical marijuana
- You may only sell to valid Medical Marijuana Registry Identification cardholders, i.e. ACTIVE status cards
 - You may not sell to cards that are INACTIVE, EXPIRED, or VOID
 - If the customer is a caregiver, both the caregiver and related patient cards must be ACTIVE
- You may not create a single transaction that exceeds 2.5 ounces in total
- You should only sell to customers who have not purchased more than 2.5 ounces in the last 14 days for the patient's card
 - You should not sell to a caregiver who has a patient with more than 2.5 ounces purchased in the last 14 days.
 - **NOTE:** The system will allow you to record a transaction for less than 2.5 ounces¹ that will exceed the patient's 2.5-ounce limit for a 14 day period, but you will be warned and a violation will be recorded.
 - PO/BMs will have 72 hours to correct the transaction.
- All medical marijuana transactions will appear in the **Sales History** Tab for 60 days
 - If the customer wants to view their purchase history, they can view it in the customer's Individual Licensing portal account under the Tab: **Purchase History**

- If this message appears during any Card Search & Sales transaction, record the details of the activities on the screen and email to M2Dispensaries@azdhs.gov

Sale Details

An error occurred while trying to log the sale.

Please email M2Dispensaries@azdhs.gov with details if you are unable to continue.

¹Dispensing amount may be reported in ounces or grams. The Card Search & Sales verification system uses the standard conversion of grams to ounces (28.35 grams to the ounce), established by the National Institute of Standards & Technology.

Qualifying Patient (QP) and Caregiver (CG) Card Statuses	
QP or CG Card Status	Are Medical Marijuana Sales Allowed?
Active	Yes, if the patient has not reached their allotment
EXPIRED	No
INACTIVE	No

The following message is displayed in Card Search & Sales verification for a card that is not authorized to make a purchase

- “Attention: Agents may sell only to patients or caregivers with an **Active** patient card. You CANNOT sell to patients with a **Void, Expired, or Inactive** patient card. For customers with a caregiver card, both the caregiver AND patient cards must be **Active.**”

Card Search & Sales

Suspensory
SUSPENSORY SECONDARY NAME


Patient/Caregiver Search

14:41 remaining

ID Number

Search

Cancel



Sean Conijuana

Patient

QP ID: 1583335QPRD909306888

EXPIRED

Remaining Allotment

0.0000 oz

0.0000 g

Attention: Dispensary Agents may sell only to patients or caregivers with an **Active** patient card. You CANNOT sell to patients with a **Void, Expired, or Inactive** patient card. For customers with a caregiver card, both the caregiver AND patient cards must be **Active.**

Register Purchase

Access: PO/BM & Agents with Card Search & Sales permission – Dispensary & Duals only

Overview: This section outlines how Dispensaries and Duals can log sales to a patient's account

1. Enter the ID Number or scan the barcode as shown on the Patient / Caregiver card into the ID Number field
2. Click **Search** OR press **Enter/Return** key to search the Card Search & Sales verification system for the patient/caregiver card

Card Search & Sales

Suspensory
SUSPENSORY SECONDARY NAME

Patient/Caregiver Search

ID Number

1588129QPFx602760918

Search

3. If an invalid card number is entered, a warning will appear, and the number of remaining card search attempts displayed

NOTE: After 5 invalid card search attempts, the PO/BM or dispensary agent (DA) will be locked out of all Card Search functionality for 10 minutes

Patient/Caregiver Search

ID Number

Search

Patient/Caregiver Card ID Not Found

After five failed attempts, the patient look up functionality will be disabled for 10 minutes.

Remaining Attempts: 4

4. View cardholder information:
 - Verify the identity of the QP or CG by checking the photo ID of the QP or CG versus what is shown in the Card Search & Sales verification system
 - Verify whether the QP or CG registry identification card is ACTIVE
 - Offer any appropriate patient education or support materials
5. View time remaining to register a sale, once the timer reaches 0, the cardholder information will be cleared

Patient/Caregiver Search

ID Number

Search

Cancel

14:00 remaining

Samat Brower

Patient

QP ID: 1588129QPFx602760918

ACTIVE

Remaining Amount: 2.5000 oz 70.8750 g

Type

oz g

Total Purchase Amount: 0.0000 oz 0.0000 g

Log Sale

Karl Comedab

Suspensory

SUSPENSORY SECONDARY NAME

You will have 15 minutes to complete logging this customer's sale in the verification system. If your time expires before you complete the sale, you will have to start again.

0:27 remaining

6. Select product **Type**:


- Marijuana
- Edible
- Other - *ex: liquid vape*

7. Enter weight of product to be purchased, either ounces (oz) OR grams (g), the other weight will automatically be calculated

Example: .4 ounces entered, and 11.34 grams auto calculated

The screenshot shows a 'Sale Details' form. At the top, 'Remaining Allotment' is displayed with two fields: '2.5000 oz' and '70.8750 g'. Below this, the 'Sale Details' section has a dropdown menu for 'Type' with a red circle '6' next to it. The dropdown is open, showing 'Marijuana' (highlighted), 'Edible', and 'Other'. To the right of the dropdown are two input fields: one for '.4' (with a red circle '7' above it) and another for '11.3400'. A red '+' button is to the right of the second field. Below these fields, the calculated weights are shown: '0.4000 oz' and '11.3400 g'. At the bottom, there is a red button labeled 'Log Sale'.

8. View **Total Purchase Amount**

NOTE: To register additional items purchased, click the  to enter the Type and weight of additional item(s). **Total Purchase** amounts will reflect the total weight of all the items entered in this purchase.

9. Click **Log Sale** to register purchase on the cardholder's account

The screenshot shows the 'Sale Details' form with the 'Type' dropdown set to 'Marijuana'. The input fields for '.4' and '11.3400' are visible, along with the red '+' button. Below these, the 'Total Purchase Amount' is displayed with a red circle '8' next to it. The calculated weights '0.4000 oz' and '11.3400 g' are shown. At the bottom, there is a red button labeled 'Log Sale' with a red circle '9' below it.

10. Both the ounces (oz) and the grams (g) show the deduction in allotment based on the total of the purchase
11. Click **Start New Sale** to register another purchase for the **same cardholder**
 - a. OR Click **Cancel** to clear the data from the screen

NOTE: If Total Purchase amount is greater than the cardholder's **Remaining Allotment**, a warning "Allotment violation detected – please confirm amounts before continuing" will display (see Allotment Violation section below for information)

The screenshot displays the 'Card Search & Sales' interface. At the top, there is a 'Patient/Caregiver Search' section with an 'ID Number' input field, a red 'Search' button, and a 'Cancel' button. Below this, a patient profile for 'Samat Browyer' is shown, including a cartoon avatar, the patient's name, 'Patient' status, 'QP ID: 1588129QPF602760918', and 'ACTIVE' status. A red circle with the number '10' highlights the 'Remaining Allotment' section, which shows a progress bar and values: '2.1000 oz' and '59.5350 g'. Below the allotment section is the 'Sale Details' section, which contains the text 'Sale logged successfully'. At the bottom, a red circle with the number '11' highlights a red 'Start New Sale' button.

Allotment Violation

Access: PO/BM and Agents with Card Search & Sales permission – Dispensary & Duals Only

Overview: Details on what happens when a sales amount is logged and surpasses the amount available from the patient's allotment

1. If **Total Purchase Amount** is greater than the cardholder's **Remaining Allotment**, a warning "*Allotment violation detected – please confirm amounts before continuing*" will display

1

2. To continue with the purchase, DA must first acknowledge they want to proceed - **Check the box** "*I acknowledge this sale exceed the patient's remaining allotment, and I elect to proceed with this sale*"

NOTE: At this point, the DA can click **Cancel** and return to the Sale Details screen to make a correction in the purchase amount

3. If Log Sale is selected without checking the box to acknowledge the Allotment violation – DA or PO/BM cannot proceed to log the sale
4. To proceed with the sale – **Check box** to acknowledge the allotment violation sale
5. Click **Log Sale**

2

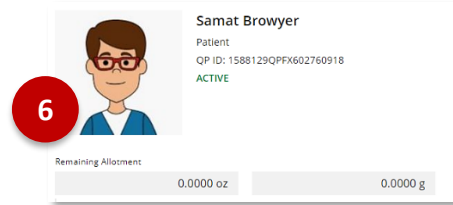
3

4

5

6. View Patient/Caregiver Remaining Allotment

NOTE: Remaining Allotment will display 0 (zero), not a negative value in the weight fields



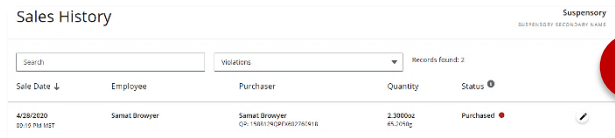
Samat Browyer
Patient
QP ID: 1588129QPF602760918
ACTIVE

Remaining Allotment
0.0000 oz 0.0000 g

A red circle with the number 6 is overlaid on the patient's profile picture.


7. Violation will be marked with a ● in the PO/BM Sales History Tab

NOTE: Pencil icon indicates editable transaction



Sales History

Search: Violations Records found: 2











Sale Date ↓	Employee	Purchaser	Quantity	Status	Suspensory
4/29/2020 10:10 PM EDT	Samat Browyer	Samat Browyer QP: 1588129QPF602760918	2.0000oz 56.1001g	Purchased ●	

A red circle with the number 7 is overlaid on the right side of the table.

Caregiver Card

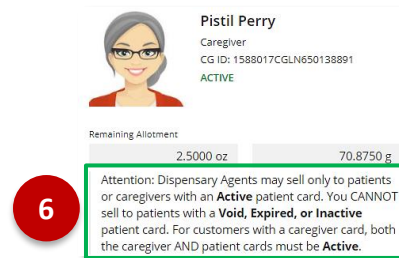
Access: PO/BM and Agents with Card Search & Sales permission – Dispensary & Duals Only

Overview: Use-cases related to Caregiver card processes

<p>A Caregiver Sales Transaction is processed in the same manner as for a patient. The same rules apply.</p> <p><i>Caregiver and Adult Patient</i></p> <ol style="list-style-type: none"> Caregiver for an adult patient View in Card Search & Sales Verification system <ol style="list-style-type: none"> Caregiver Minor Patient 	<div> <div>  <p>ARIZONA DEPARTMENT OF HEALTH SERVICES</p> <p>Not Authorized to Cultivate</p>  <p>CAREGIVER</p> <p>ISSUE DATE 05/05/2020</p> <p>EXPIRES 05/04/2022</p> <p>SEAN CONIJUANA</p> <p>QP ID: 1585809QPON099541480</p> <p>400 W SOUTHERN AVE PHOENIX, AZ 85041 DOB: 11/06/1935</p> <p>1588710CGEX644872622</p>  <p><small>THERE MAY BE POTENTIAL DANGERS TO FETUSES CAUSED BY SMOKING OR INGESTING MARIJUANA WHILE PREGNANT OR TO INFANTS WHILE BREASTFEEDING. USE OF MARIJUANA DURING PREGNANCY MAY RESULT IN A RISK OF BEING REPORTED TO THE DEPARTMENT OF CHILD SAFETY DURING PREGNANCY OR AT THE BIRTH OF THE CHILD IF PERSONS WHO ARE REQUIRED TO REPORT.</small></p> </div> <div> <p>Card Search & Sales</p> <p>Patient/Caregiver Search</p> <p>ID Number</p> <p>Sean Conijuana Caregiver QP ID: 1585809QPON099541480 ACTIVE</p>  <p>Grizzly Adams Patient QP ID: 1588100PQJ0310110 ACTIVE</p>  <p>Remaining Amounts</p> <p>2,000.00 oz 70.8750 g</p> <p>Sale Details</p> <p>Type</p> <p>Total Purchase Amount 0.0000 oz 0.0000 g</p> <p>Log Out</p> </div> </div>
<p><i>Caregiver and Minor Patient</i></p> <ol style="list-style-type: none"> Caregiver for a minor patient View in Card Search & Sales Verification system <ol style="list-style-type: none"> Caregiver Minor Patient 	<div> <div>  <p>ARIZONA DEPARTMENT OF HEALTH SERVICES</p> <p>Not Authorized to Cultivate</p>  <p>CAREGIVER</p> <p>ISSUE DATE 04/28/2020</p> <p>EXPIRES 04/27/2022</p> <p>PISTIL PERRY</p> <p>QP ID: 1588139QPAT990592582</p> <p>12220 N 30TH AVE PHOENIX, AZ 85029 DOB: 06/16/1960</p> <p>1588139CGGZ848110907</p>  <p><small>THERE MAY BE POTENTIAL DANGERS TO FETUSES CAUSED BY SMOKING OR INGESTING MARIJUANA WHILE PREGNANT OR TO INFANTS WHILE BREASTFEEDING. USE OF MARIJUANA DURING PREGNANCY MAY RESULT IN A RISK OF BEING REPORTED TO THE DEPARTMENT OF CHILD SAFETY DURING PREGNANCY OR AT THE BIRTH OF THE CHILD IF PERSONS WHO ARE REQUIRED TO REPORT.</small></p> </div> <div> <p>Card Search & Sales</p> <p>Patient/Caregiver Search</p> <p>ID Number</p> <p>Pistil Perry Caregiver QP ID: 1588139QPAT990592582 ACTIVE</p>  <p>Johnny Smith Patient QP ID: 1588139PQJ0310110 ACTIVE</p>  <p>Remaining Amounts</p> <p>2,000.00 oz 62.3750 g</p> <p>Sale Details</p> <p>Type</p> <p>Total Purchase Amount 0.0000 oz 0.0000 g</p> <p>Log Out</p> </div> </div>
<ol style="list-style-type: none"> A caregiver must use their caregiver card to purchase for their minor patient, if the minor card number is entered, a reminder message will appear 	<div> <p>Patient/Caregiver Search</p> <p>ID Number</p> <p>Search</p> <p>5</p> <p>The card number entered is for a minor. Please enter a caregiver or patient card number.</p> </div>

6. A caregiver **will not** be able to purchase using an INACTIVE patient's card. A warning will appear, and the transaction will not be allowed

NOTE: Even though this caregiver card is ACTIVE, the patient's card is INACTIVE and will not display in the Card Search & Sales verification system



SALES HISTORY


Sales History Functions on Qualified Patient Sales

Access: PO/BM only – Dispensary & Duals

Overview: Sales history tab will display all sales logged by the dispensary/dual in the last 60 days with additional functionality

1. View Dispensary **Sales History**

- Sale Date:** Original sales transaction date
- Employee:** Agent or PO/BM who entered the transaction
- Purchaser:** Patient/Caregiver (card ID) purchasing the item(s)
- Quantity:** Weight of the purchase in ounces and grams
- Status:** Status of the sales transaction
 - Purchased: Original purchase sales transaction
 - Corrected: Sales transaction corrected by a PO/BM
 - Voided: Sales transaction voided by PO/BM
 - Violations: Sales Transaction was an allotment violation; the purchase exceeded the patient/caregiver remaining allotment amount on their card at the time of the purchase

NOTE: Dispensary PO/BM has 72 hours from the time the purchase was registered to make a correction to the Sale Details – A pencil  icon next to the transaction indicates it can be edited and is still within the 72 hour edit-window

2. Search by column data

3. Filter by **Sales Status**, click drop-down arrow to select: All Sales, Purchased, Corrected, Voided, or Violations

1






Sales History

2

Search

All Sales

Transactions with an allotment violation will be flagged with a red dot

Sale Date ↓	Employee	Purchaser	Quantity	Status 3	
4/28/2020 11:53 PM MST	Karl Conedab	Pistil Perry CG: 1588139CGGZ848110907 QP: 1588139QPAT990592582	0.1000oz 2.8350g	Purchased	
4/28/2020 11:50 PM MST	Karl Conedab	Pistil Perry CG: 1588139CGGZ848110907 QP: 1588139QPAT990592582	0.2000oz 5.6700g	Purchased	
4/28/2020 09:42 PM MST	Karl Conedab	Manny Flagabis QP: 1585694QPX0905094693	0.1000oz 2.8350g	Voided Invalid Transaction	
4/28/2020 09:41 PM MST	Karl Conedab	Manny Flagabis QP: 1585694QPX0905094693	0.2000oz 5.6700g	Purchased	
4/28/2020 09:19 PM MST	Samat Browyer	Samat Browyer QP: 1588129QPF602760918	0.2300oz 6.5205g	Corrected Marijuana Amount Corrected	

3

All Sales

✓ All Sales

Purchased

Corrected


Voided

Violations


Sales History - Correcting or Voiding a Transaction

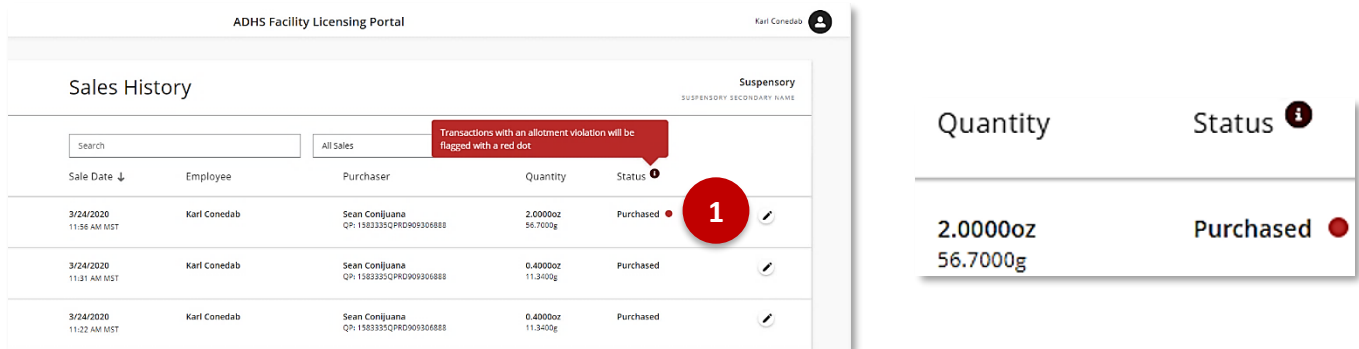
Access: Dispensary and Dual PO/BM only

Overview: Within the Sales History tab, users are able to correct/void transactions made within 72 hours of registration

1. Status Violations: **Purchased**  - next to sales transaction indicates an allotment violation; the purchase exceeded the patient/caregiver remaining allotment amount on their card at the time of the purchase

NOTE:

- PO/BM has 72 hours from the time the purchase was registered to make a correction to the Sale Details
- Only the PO/BM can make corrections within 72 hours of the sale
- **ADHS cannot make corrections to any transactions**
- A pencil  next to the transaction indicates it can be edited and is still within the 72 hour edit-window






ADHS Facility Licensing Portal


Karl Conedab


Sales History

Suspensory
SUSPENSORY SECONDARY NAME

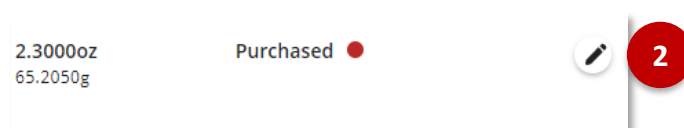
Search [] All Sales Transactions with an allotment violation will be flagged with a red dot



Sale Date ↓	Employee	Purchaser	Quantity	Status
3/24/2020 11:56 AM MST	Karl Conedab	Sean Conjuana Q#: 1583333QPRD909306888	2.0000oz 56.7000g	Purchased  1
3/24/2020 11:31 AM MST	Karl Conedab	Sean Conjuana Q#: 1583333QPRD909306888	0.4000oz 11.3400g	Purchased 
3/24/2020 11:22 AM MST	Karl Conedab	Sean Conjuana Q#: 1583333QPRD909306888	0.4000oz 11.3400g	Purchased 

Quantity Status 

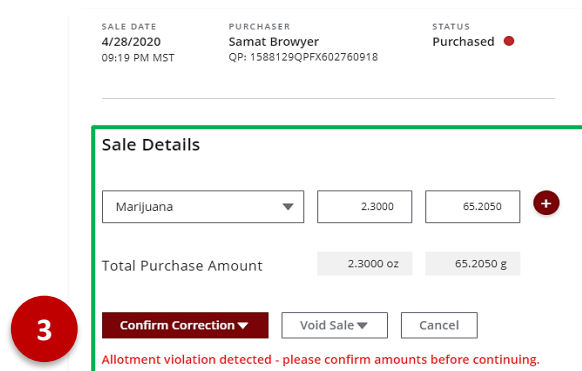
2.0000oz
56.7000g Purchased 

2. To make a correction, click the pencil  icon next to the transaction




2.3000oz
65.2050g Purchased   **2**

3. Transaction details are now available for editing, make necessary changes and click **Confirm Correction**




SALE DATE
4/28/2020
09:19 PM MST

PURCHASER
Samat Browyer
Q#: 1588129QPFY602760918

STATUS
Purchased 

Sale Details

Marijuana 2.3000 65.2050 

Total Purchase Amount 2.3000 oz 65.2050 g

3 Confirm Correction Void Sale Cancel

Allotment violation detected - please confirm amounts before continuing.

4. Enter correct information
 - a. Type, ounces (oz) or grams (g) and select Correction Reason
 - b. Or, Void the sale

Sale Details

Marijuana 0.2300 6.5205 +

Total Purchase Amount 0.2300 oz 6.5205 g

Confirm Correction Void Sale Cancel

Correction Reason **Void Reason**

Marijuana Amount Corrected Invalid Transaction gabis QPX09050 Other

5. The Transaction changes will appear in the Sales History list

NOTE: Edits can be made until the 72-hour window has passed
6. Patient will view transactions in Purchase History tab as shown

0.2300oz Corrected
6.5205g Marijuana Amount Corrected

6 Purchase History [•] Search

Date ↓	Dispensary	Amount	Status
4/28/2020, 09:19 PM MST	Suspensory	0.23oz / 6.5205g	Corrected
4/28/2020, 09:05 PM MST	Suspensory	0.4oz / 11.34g	Purchased

7. To VOID a transaction, click pencil icon

0.1000oz Purchased
2.8350g

7

8. Select Void Reason

Sale Details

Marjuana 0.1000 2.8350 +

Total Purchase Amount 0.1000 oz 2.8350 g

Confirm Correction Void Sale Cancel

8

Void Reason

Invalid Transaction

Other

Karl Conedab gabis IQPX0905094693


9. Transaction will indicate action and reason

10. Patient will view corrected transaction in Purchase History tab as shown

0.1000oz
2.8350g

9

Voided
Invalid Transaction



10

Purchase History

Search

Date ↓	Dispensary	Amount	Status
4/28/2020, 09:42 PM MST	Suspensory	0.1oz / 2.835g	Voided

APPLICATIONS

Available Applications for Facility Types

Access: PO/BM only

Overview: The Applications Tab contains application forms for the facility. The page is arranged by the two application categories: Employee Applications (Dispensary & Dual only) and Facility Applications for all facility types

The screenshot displays a web interface titled "Applications" with a "Helping Hands" link in the top right corner. The page is organized into two main sections: "Facility Applications" and "Employee Applications".

Facility Applications

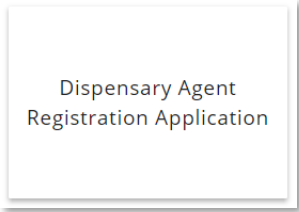
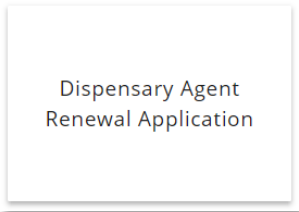
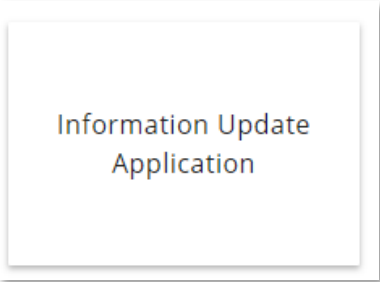
- Approval to Operate Application
- Dispensary Information Update Application
- Facility Change Application
- Renew Dispensary Application

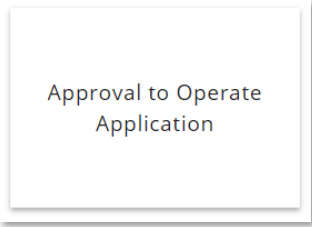
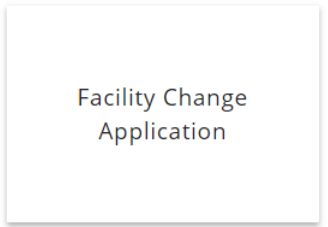
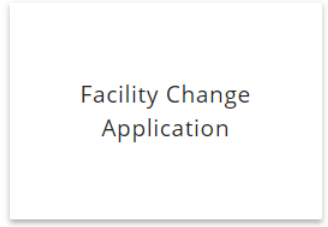
Employee Applications

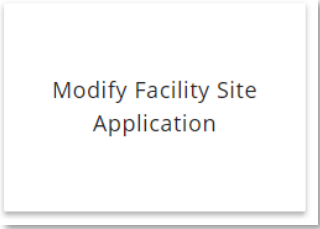
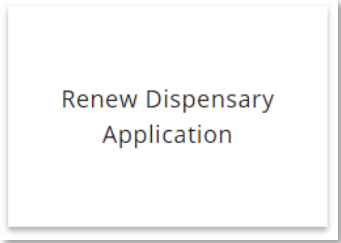
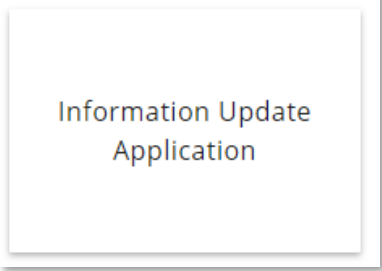
- Dispensary Agent Registration Application
- Dispensary Agent Renewal Application

Facility Portal Application Tile Details

See the checklist in the appendix for a list of required documents

<p>1. New Dispensary Agent Application:</p> <p>Click Dispensary Agent Registration Application tile to submit an application for a new Dispensary Agent (DA) or for a DA whose card has expired and was not renewed before it expired.</p>		<p>Available to: Dispensary, Dual</p>
<p>2. Renew Dispensary Agent Application</p> <p>Click Dispensary Agent Renewal Application tile to renew an existing DA card, the card must be active in order to renew. Renewal is allowed up to 90 days in advance of expiration</p>		<p>Available to: Dispensary, Dual</p>
<p>3. Dispensary Information Update Application:</p> <p>Click Dispensary Information Update Application to apply for dispensary updates.</p> <ul style="list-style-type: none"> a. DBA b. Designated Email Address c. Designated Person d. Hours of Operation e. Mailing Address f. Medical Director g. Name of Dispensary h. New POBM i. Designated Person j. Phone Number k. Remove POBM l. TPT Number 		<p>Available to: Dispensary, Dual</p>

<p>4. Dispensary Approval to Operate Application:</p> <p>Submit an Approval to Operate Application for the ability to legally operate a dispensary</p>		<p>Available to: Dispensary, Dual</p>
<p>5. Dispensary Change Application:</p> <p>Submit a Facility Change Application to modify facility information. Facility Change Application categories for Dispensary include:</p> <ul style="list-style-type: none"> a. Add Cultivation Off-Site b. Add Cultivation On-Site c. Add Kitchen Off-Site d. Add Kitchen On-Site e. Change Location of Cultivation Site f. Change Location of Dispensary g. Decertify Cultivation Site or Kitchen h. Dispense Edibles i. Modification of Licensed Facility j. Sell Edibles 		<p>Available to: Dispensary, Dual</p>
<p>6. Establishment Change Application:</p> <p>For Duals and Establishments, Change Application categories include:</p> <ul style="list-style-type: none"> a. Add Cultivation to Retail b. Add Manufacturing to Retail c. Add Cultivation Site d. Add Processing to Cultivation Site e. Add Manufacturing to Cultivation Site f. Add Manufacturing Site g. Add Package & Store to Manufacturing Site h. Add Prepare Edibles i. Change of Retail Location j. Change of Cultivation Location k. Change of Manufacturing Location 		<p>Available to: Establishment, Dual</p>

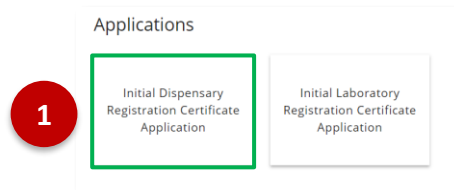
<p>7. Facility Modification</p> <p>Submit a Modify Facility Site Application when a site is being modified (including remodels and changes to the site plan etc.)</p>		<p>Available to: Dispensary, Dual, Establishment</p>
<p>8. Renew a Facility Application:</p> <p>Submit a Renew Facility Application to renew a certificate for a dispensary. The Renewal Dispensary application tile will only appear 90 days before the expiration date</p>		<p>Available to: Dispensary, Dual, Establishment</p>
<p>9. Establishment Update Information Application</p> <p>Click Dispensary Information Update Application to submit an application for dispensary updates. The categories are:</p> <ul style="list-style-type: none"> a. DBA b. Designated Email Address c. Designated Person d. Hours of Operation e. Mailing Address f. Name of Facility g. New POBM h. Designated Person i. Phone Number j. Remove POBM k. TPT Number l. Decertify a site 		<p>Available to: Establishment, Dual</p>

Submit an Initial Dispensary Registration Certificate Application (DRC)

Access: Proposed PO/BMs

Overview: This application is only available during an allotment period and is used to initiate the application process for a dispensary facility

1. Click **Initial Dispensary Registration Certificate Application** tile to begin the process to submit an application for a new Dispensary



2. The Application appears
3. Review User Agreement, verify right to receive notice
4. Click **Agree**

2

Medical Marijuana
Initial Dispensary Registration Certificate Application

3

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17, all requirements listed below must be submitted before a license can be issued by the Department.

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):

Dispensary Registration Certificate Application Required Documents:

- Articles of Incorporation: If the entity applying is one of the business organizations in R9-17-301(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:
 - Name of the business organization,
 - Type of business organization,
 - Names and titles of the individuals in R9-17-301(A) and (B)
- Copy of policies and procedures that comply with the requirements in this Chapter for:
 - Inventory control,
 - Qualifying patient record keeping,
 - Security, and Patient education and support
- Each Principle officer and Board Member Attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801
- Fingerprint Card (submitted out of the portal) - [Instructions](#)
- A sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with any local zoning restrictions
- Documentation from the local jurisdiction where the dispensary's proposed physical address is located that:
 - There are no local zoning restrictions for the dispensary's location, or
 - The dispensary's location is in compliance with any local zoning restrictions
- Documentation of:
 - Ownership of the physical address of the proposed dispensary, or
 - Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address
- The dispensary's by-laws including:
 - The names and titles of individuals designated as principal officers and board members of the dispensary;
 - Whether the dispensary plans to:
 - Cultivate marijuana;
 - Acquire marijuana from qualifying patients, designated caregivers, or other dispensaries;
 - Sell or provide marijuana to other dispensaries;
 - Transport marijuana;
 - Prepare, sell, or dispense marijuana-infused edible food products;
 - Prepare, sell, or dispense marijuana-infused non-edible products;
 - Sell or provide marijuana paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers;
 - Deliver medical marijuana to qualifying patients; or
 - Provide patient support and related services to qualifying patients.
 - Provisions for the disposition of revenues and receipts to ensure that the dispensary operates on a not-for-profit basis; and
 - Provisions for amending the dispensary's by-laws
- Documentation of Ownership or Owner Permission
 - Documentation of Ownership of the physical address of the proposed dispensary OR Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address
- Site Plan
 - Site plan drawn to scale of the location showing streets, property lines, buildings, parking areas, outdoor areas (if applicable), fences, security features, fire hydrants (if applicable), and access to water mains
- Floor Plan
 - 1. A floor plan drawn to scale of the building where the facility is located showing: Layout and dimensions of each room, Name and function of each room, Location of each hand washing sink, Location of each toilet room, Means of egress
- A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis that includes:
 - A description and total dollar amount of expenditures already incurred to establish the dispensary or to secure a dispensary registration certificate by the individual or business organization applying for the dispensary registration certificate.
 - A description and total dollar amount of monies or tangible assets received for operating the dispensary from entities other than the individual applying for the dispensary registration certificate or a principal officer or board member associated with the dispensary including the entity's name and the interest in the dispensary or the benefit the entity obtained,
 - Projected expenditures expected before the dispensary is operational,
 - Projected expenditures after the dispensary is operational, and
 - Projected revenue
- Application Fee: \$5,000

Pursuant to A.R.S. 41-1039(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

4

Agree

5. Enter Dispensary Information
 6. Click **Save & Continue** to continue application
- NOTE:** Click **Save & Exit** to exit out of application while saving application progress

The screenshot shows the 'Medical Marijuana Initial Dispensary Registration Certificate Application' form. The progress bar at the top indicates the current step is 'DISPENSARY INFORMATION'. The form is divided into two main sections: 'Dispensary Information' and 'Applying Entity Information'. In the 'Dispensary Information' section, the 'Full Legal Name of Dispensary' is 'Healing Hands'. The 'Street Address' is '3301 N 24th St'. The 'City' is 'Phoenix', 'State' is 'AZ', and 'Zip Code' is '85016'. The 'County' is 'Maricopa'. The 'Dispensary Primary Email' is 'healing.hands@gmail.com'. In the 'Applying Entity Information' section, the 'Full Legal Name of Applying Entity (Business organization)' is 'Healing Hands LLC'. The 'Entity Type of Business' is 'LLC'. The 'Mailing Address' is '3301 N 24th St'. The 'City' is 'Phoenix', 'State' is 'AZ', and 'Zip Code' is '85016'. The 'County' is 'Maricopa'. The 'Email Address' is 'healing.hands@gmail.com' and the 'Phone Number' is '999-012-4325'. At the bottom right, there are two buttons: 'Save & Exit' and 'Save & Continue'.

7. Enter Application Information
8. Verify consent to do business electronically
9. Place signature in box
10. Click **Sign** to attach signature to application

The screenshot shows the 'Medical Marijuana Initial Dispensary Registration Certificate Application' form. The progress bar at the top indicates the current step is 'APPLICATION INFORMATION'. The form is divided into two main sections: 'Application Information' and 'I, Kevin Spoken, attest that:'. In the 'Application Information' section, the 'Owner Designated To Submit Dispensary Agent Card Application' is 'Kevin Spoken'. The 'Username' is 'megan.wagner+410@azdhs.gov', 'Legal First Name' is 'Kevin', 'Legal Middle Name' is 'Spoken', and 'Legal Last Name' is 'Spoken'. In the 'I, Kevin Spoken, attest that:' section, there are four bullet points: 'I have not been convicted on an excluded felony offense as defined in A.R.S. 36-2801;', 'Notice: A conviction remains an excluded felony offense under AMMA even if it has been set aside following completion of sentence. See Parsons v. Ariz. Dep't of Health Servs., 242 Ariz. 320, 395 P. 3d 709 (App. 2017).', 'I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.', and 'If issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains approval to operate from the Department. The information provided to the Department to apply for a dispensary registration certificate is true and correct.' Below the attestations, there is a 'Sign Here' box with a signature 'Kevin Spoken'. At the bottom, there are two buttons: 'Sign' and 'Clear'.

11. Enter Medical Director username
12. Click **Search Username**
13. Medical Director Information will appear if match is found – enter Medical Director License Type
14. Enter Medical Director License Number

Medical Director will need an account profile prior to applying.

9 Username * Greg.monarch123@gmail.com Legal First Name Legal Middle Name Legal Last Name

10 Search Username

13 Username * Greg.monarch123@gmail.com Legal First Name Greg Legal Middle Name Legal Last Name Monarch

Change Medical Director

Medical Director License Type * MD Medical Director License Number * 14 AZ123543

15. Enter POBM Information
16. Answer questions regarding Designated Owner
17. Click **Add Another POBM** if additional POBM is applying

15 POBM Information

Each Owner must have a program user account prior to completing this application.

Designated Owner

16 Username * Kevin.spoken@gmail.com Legal First Name * Kevin Legal Middle Name Legal Last Name * Spoken

Street Address * 3905 N 7th Ave Suite, Unit, etc.

City * Phoenix State * AZ Zip Code * 85013 County * Maricopa

Email Address * Kevin.spoken@gmail.com Date of Birth * Aug 21, 1984

*This email address will be used for all future communications.

* Has the POBM served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked? No

* Is the POBM a physician currently providing written certifications for qualifying patients? No

* Is the POBM a law enforcement officer? No

* Is the POBM employed by or is a contractor of the Department? No

17 Add Another POBM

18. Review Statement

19. Click **Save & Continue**

18 **Statement**
If the dispensary is issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains an approval to operate from the Department.

19 **Save & Continue**

20. Click **Upload Files** to Upload Supporting Documentation – multiple files may be uploaded to one section

NOTE: Files marked with * are required to be uploaded

21. Click **Remove New Documents** if document was improperly uploaded

22. Click **Save & Continue**

Medical Marijuana
Initial Dispensary Registration Certificate Application

✓ ✓ **UPLOAD DOCUMENTS** REVIEW & SUBMIT

Upload Supporting Documentation

Articles of Incorporation: If the entity applying is one of the business organizations in R9-17-301(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include: *

- Name of the business organization,
- Type of business organization,
- Names and titles of the individuals in R9-17-301(A) and (B)

New Files uploaded:

- Articles_of_Incorporation-1 ✕

20 **Upload Files** Or drop files **21** Remove New Documents

22 **Save & Continue**

23. Review application information before submitting
24. Click **Edit Section** for the ability to edit and make changes to any section
25. Once information has been reviewed, click **Submit & Go to Payment** to proceed with payment process

Medical Marijuana
Initial Dispensary Registration Certificate Application

✓

✓

✓

REVIEW & SUBMIT

Review

23

Dispensary Information

General Dispensary Information

Full Legal Name of Dispensary
Healing Hands

Street Address
3301 N 24th St

City *
Phoenix

State *
AZ

Zip Code *
85016

County *
Maricopa

Suite, Unit, etc.

Dispensary Primary Email *
megan.wagner+411@azdhs.gov

*This email address will be used for all future communications.

Applying Entity Information

Full Legal Name of Applying Entity (Business organization) *
Healing Hands LLC

Entity Type of Business *
LLC

Mailing Address *
3301 N 24th St

City *
Phoenix

State *
AZ

Zip Code *
85016

County *
Maricopa

Suite, Unit, etc.

24

Edit Section

Submit & Go to Payment

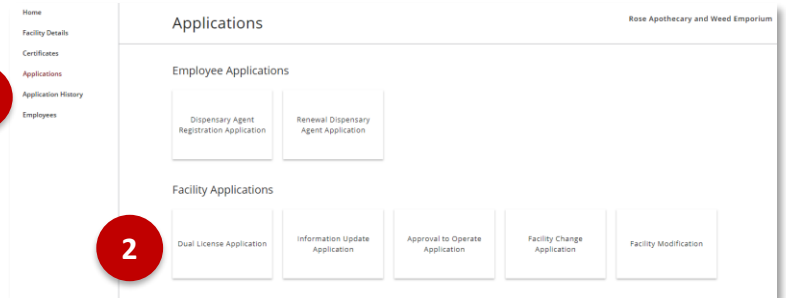
25

Submit a Dual Application

Access: PO/BM

Overview: Dual License Application is used to apply to convert a dispensary to a dual facility

1. From the Dispensary Homepage, select the **Applications** tab
 - a. Select the **Dual License Application** tile



2. Read and acknowledge user agreement, click **Agree and Proceed**

A screenshot of the 'Marijuana Dual License Application' user agreement page. The title is 'Marijuana Dual License Application'. Below it is a 'User Agreement' section with text explaining the system and the user's consent. There is a checkbox with the text: 'In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.' Below this is a section 'Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):'. Then, 'Dual License Application Required Documents:' lists two items: 'POBM Dual Licensee Attestation' and 'Application Fee: \$25,000.00'. Below that is 'Pursuant to A.R.S. §41-1030(B)(D)(E)(F)' followed by several paragraphs of legal text labeled B, D, E, and F. At the bottom right, there is a red circle with the number 3 and a button labeled 'I Agree'.

3. The Dual application form will prepopulate all required facility details
4. Each POBM will be required to upload signed attestations to complete the application
5. Select **Save & Continue** to proceed
6. Select **Save & Exit** to return to portal

Dual License Application

INFORMATION

REVIEW & SUBMIT

3

Dual License Information

Information

Legal name of the Rose Apothecary and Weed Emporium	Name of the entity applying ENTITY INFO NAME LLC	The registry number identification number for the 00000158DCHB47932961	
---	---	---	--

Current physical address of the

Street 888 Creek St	City Phoenix	State AZ	Zip Code 85021
------------------------	-----------------	-------------	-------------------

POBMs

Username danny.siathone+124@azdhs.gov	Name Carol Baskin-Robbins	Residential Address 543 St Scottsdale, AZ 87654	DOB 1993-10-14
--	------------------------------	--	-------------------

Dispensary POBM Attestation*

4

Upload Files

Or drop files

Username danny.siathone+189@azdhs.gov	Name David Eww	Residential Address 4333 n drive Phoenix, AZ 85010	DOB 1922-11-29
--	-------------------	---	-------------------

Dispensary POBM Attestation*

Upload Files

Or drop files

Agrees to supplemental requests
☒

6

Save & Exit

5

Save & Continue

7. Upon clicking Save & Continue, the Review page will display – confirm information is correct
8. Confirm “Agrees to supplemental requests” checkbox preference
9. Click **Submit** to complete the application and proceed to payment process

Dual License Application

✓

REVIEW & SUBMIT

Approval to Operate Application Information Review

7

Information

Legal name of the
Rose Apothecary and Weed
Emporium

Name of the entity applying
ENTITY INFO NAME LLC

The registry number identification number for the
00000158DCHB47932961

Current physical address of the

Street
888 Creek St

City
Phoenix

State
AZ

Zip Code
85021

POBMs

Username
danny.siathone+124@azdhs.gov

Name
Carol Baskin-Robbins

Residential Address
543 St Scottsdale, AZ 87654

DOB
1993-10-14

Dispensary POBM Attestation

Edit Section

Username
danny.siathone+189@azdhs.gov

Name
David Eww

Residential Address
4333 n drive Phoenix, AZ 85010

DOB
1922-11-29

Dispensary POBM Attestation

Edit Section

8

Agrees to supplemental requests
☒

9

Submit

10. View status of application in portal

10

Application History

New Dispensary
Kevin Spoken


Submitted

STATUS DATE: 8/24/2020

Page | 40

11. If approved, Facility Certificate will be issued and is downloadable from portal

11



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Healing Hands
3301 N 24th St, Phoenix, AZ 85016

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000001DCVQ26268377

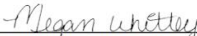
Effective Date: September 1, 2020

Expiration Date: August 31, 2022

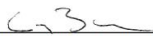
THE ARIZONA MEDICAL MARIJUANA ACT DOES NOT AUTHORIZE THE HOLDER OF A DISPENSARY REGISTRATION CERTIFICATE TO CULTIVATE, POSSESS, OR SELL MEDICAL MARIJUANA PRIOR TO RECEIVING APPROVAL TO OPERATE FROM THE DEPARTMENT.

THE APPLICANT AGREES NOT TO OPERATE THE DISPENSARY UNTIL THE DISPENSARY IS INSPECTED AND THE APPLICANT OBTAINS APPROVAL TO OPERATE FROM ADHS.

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.



Recommended By: Megan Whitby
Bureau Chief



Issued By: Colby Bower on
Assistant Director

Submit an Initial Establishment Application

Access: Account holders

Overview: Initial Establishment Application is used to start the application process for an Establishment

1. From the Facility Homepage, select the **Marijuana Facility Licensing** tile – then select the **Initial Marijuana Establishment Application** tile

Applications

1

Initial Marijuana
Establishment
Application

2. Read and acknowledge notification requiring that all PO/BMs are required to have an active Facility Agent card – select **Continue** to proceed

Prior to submitting an Initial Marijuana Establishment Application, it is required that all POBM's have an active Facility Agent card. Each POBM can apply for a Facility Agent card here

2

Cancel

Continue

3. Read and acknowledge user agreement, click **I Agree** to proceed

Marijuana Initial Marijuana Establishment Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities observed during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.1 or Chapter 28.2, as applicable and Arizona Administrative Code (A.A.C.) Title 9, Chapter 17 or Chapter 18, as applicable, **all requirements** listed below must be submitted before a license can be issued by the Department.

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable).

Application Required Documents:

- THIS APPLICATION IS ONLY FOR NEW ESTABLISHMENTS. EXISTING DISPENSARIES WILL USE A DIFFERENT APPLICATION PROCESS
- All owners must have an account created prior to starting the application.
- All owners must have an active Facility Agent Card. Each POBM can apply for a Facility Agent Card from the ADHS [Individual Licensing Portal](#)
- Each POBM
 - An attestation that all information provided in the application is true and accurate. Signed and dated by the POBM [POBM Initial Establishment Attestation](#)
 - For a business organization that is not a publicly traded corporation, the name, residence address, and date of birth of each principal officer or board member
 - For a business organization that is a publicly traded corporation, the name, residence address, and date of birth of each principal officer or board member who is entitled to 10% or more of the profits of the proposed marijuana establishment.
 - Documentation of the principal officer's or board member's marijuana facility agent license
- Documentation that the applicant is in good standing with the Arizona Corporation Commission
- A statement, in a Department provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction:
 - Certifying that the proposed physical address of the marijuana establishment is in compliance with any local zoning restrictions, and
 - Including the legal name of the marijuana establishment or identifying at least one principal officer or board member of the marijuana establishment
- [Zoning Certificate Form](#)
- Documentation, in a Department provided format, of:
 - Ownership of the physical address of the proposed marijuana establishment, signed and dated within 60 calendar days before the date of application; or
 - Permission from the owner of the physical address of the proposed marijuana establishment for the applicant for a marijuana establishment license to operate a marijuana establishment at the physical address, signed, notarized, and dated within 60 calendar days before the date of application
- [Property Ownership Form](#)
- Documentation from an in-state financial institution or an out-of-state financial institution, as defined in A.R.S. 5-6-101:
 - A written statement, in a Department provided format, signed within 30 calendar days before the date of the application by a representative of the in-state financial institution or out-of-state financial institution, as applicable, confirming that the applicant or a principal officer or board member of the applicant has at least \$500,000 in liquid assets, as defined in A.R.S. 5-6-451, in the name of the applicant or a principal officer or board member of the applicant; and
 - Documentation, including the name of the applicant or a principal officer or board member of the applicant, supporting that the \$500,000 has been under the control of the applicant or principal officer or board member of the applicant for at least 30 calendar days before the date of the application; and
 - [Financial Institution Statement](#)
- Documentation, including the name of the applicant or a principal officer or board member of the applicant, supporting that the \$500,000 has been under the control of the applicant or principal officer or board member of the applicant for at least 30 calendar days before the date of the application
- Application Fee: \$25,000

Pursuant to A.R.S. 5-6-103(B)(2)(3)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

3

I Agree

4. Enter Establishment information and the Applying Entity Information
5. Click **Save & Continue** to proceed

6. The application will prepopulate the Designated Owner and POBM Information fields with the applicant's username
7. Check the “**I consent to do business electronically**” field to sign digitally – if not checked, an attestation is required to be uploaded
8. Select the proper **Fingerprint Information**

- NOTE:** If Level 1 Fingerprint Clearance ID is selected, a copy of the ID card is required to be uploaded. The card is issued by the Arizona Department of Public Safety. It is the size of a credit card and does not include inked fingerprints
9. Select **Add Another POBM** to add additional owners
 10. Select **Save & Continue** to proceed

11. Upload required documents noted on the Upload Page of the application

12. Select **Save & Continue** to proceed

11

Marijuana
Initial Marijuana Establishment Application

Upload Supporting Documentation

Completed attestation for Establishment Owner*

Articles of Incorporation. If the entity applying is one of the business organizations in §§ 11-281(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:

- The name of the business organization;
- The type of business organization; and
- The names and titles of the individuals in §§ 11-281(A)(2) and (8).

A sworn statement signed and dated by the individual or individuals in §§ 11-281(A)(2) certifying that the establishment is in compliance with any local zoning restrictions *

Documentation from the local jurisdiction where the establishment's proposed physical address is located that:

- There are no local zoning restrictions for the establishment's location; or
- The establishment's location is in compliance with any local zoning restrictions.

Documentation of:

- Ownership of the physical address of the proposed establishment; or
- Permission from the owner of the physical address of the proposed establishment for the entity applying for an establishment registration certificate to operate an establishment at the physical address.

The establishment's bylaws include:

- The names and titles of individuals designated as principal officers and board members of the establishment;
- Whether the establishment plans to:
- Cultivate marijuana;
- Acquire marijuana from qualifying patients, designated caregivers, or other establishments or establishments;
- Sell or provide marijuana to other establishments or establishments;
- Transport marijuana;
- Prepare, sell, or dispense marijuana-infused edible food products;
- Prepare, sell, or dispense marijuana-infused non-edible products;
- Sell or provide marijuana or paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers;
- Administer medical marijuana to qualifying patients; or
- Provide patient support and related services to qualifying patients.

Provisions for the disposition of revenues and receipts to ensure that the dispensary operates on a not-for-profit basis; and

Provisions for amending the establishment's bylaws.

Documentation of Ownership or Owner Permission*

Documentation of Ownership of the physical address of the proposed establishment OR Permission from the owner of the physical address of the proposed establishment for the entity applying for an establishment registration certificate to operate an establishment at the physical address.

A business plan demonstrating the ongoing viability of the establishment on a not-for-profit basis that includes:

- A description and total dollar amount of expenditures already incurred to establish the establishment or to secure an establishment registration certificate by the individual or business organization applying for the establishment registration certificate;
- A description and total dollar amount of monies or tangible assets required for operating the establishment from sources other than the establishment registration certificate or principal officer or board member associated with the establishment;
- When the establishment is to be operational or the business is to be operational;
- Projected expenditures expected before the establishment is operational;
- Projected revenue after the establishment is operational; and

12

Back Save & Exit Save & Continue

13. Review application details on the Review Page of the application

14. Select **Submit & Go to Payment** to proceed to the ADHS payment process

NOTE: Upon successful payment, the application will be submitted to ADHS for review

13

Marijuana
Initial Marijuana Establishment Application

Review

Establishment Information

General Establishment Information

Full Legal Name of Establishment *

Earl's Edibles Establishment

Street Address

4333 Weed Way

Suite, Unit, etc.

City *

Phoenix

State *

AZ

Zip Code *

85014

County *

Maricopa

Establishment Primary Email *

david.rosebudhotel@gmail.com

*This email address will be used for all future communications.

Applying Entity Information

Full Legal Name of Applying Entity (Business organization) *

ENTITY LLC

Entity Type of Business *

LLC

Mailing Address *

4333 Rosebud Lane

Suite, Unit, etc.

City *

Phoenix

State *

AZ

Zip Code *

85009

County *

Maricopa

Email Address *

david.rosebudhotel@gmail.com

Phone Number *

(333) 333-3333

*This email address will be used for all future communications.

14

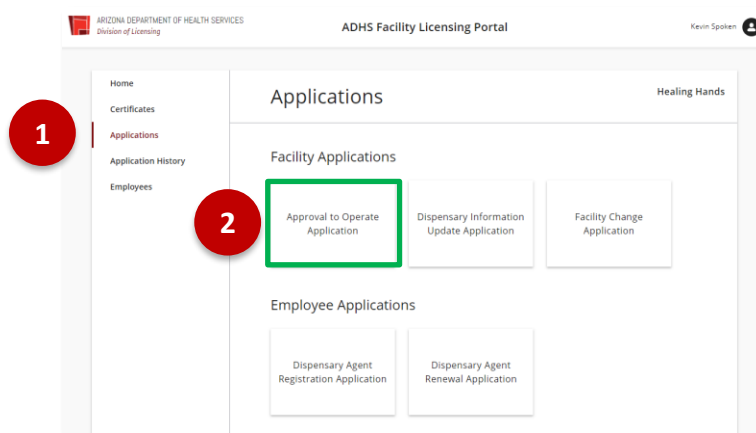
Submit & Go to Payment

Approval to Operate

Access: PO/BM only

Overview: This application is used by facilities to request approval by ADHS to open and operate a facility and is available after approval of the initial facility (dispensary/establishment) application

1. To obtain Approval to Operate, navigate to the **Applications** tab within the Facility Licensing Portal
2. Click **Approval to Operate Application** tile



3. View User Agreement – verify consent to do business electronically
4. Click **I Agree**

The screenshot displays the 'Medical Marijuana Approval to Operate Application' page. The title 'Medical Marijuana Approval to Operate Application' is centered at the top. Below the title, the 'User Agreement' section is highlighted with a red circle and the number 3. The text of the agreement includes a statement of consent: 'In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.' This line is highlighted with a green box. Below the agreement text, there is a list of required documents for the application. At the bottom right of the page, the 'I Agree' button is highlighted with a green box and a red circle with the number 4.

5. View Approval to Operate Application Information – the Facility Information section will be prepopulated with facility information

Medical Marijuana
Approval to Operate Application

INFORMATION | UPLOAD DOCUMENTS | REVIEW & SUBMIT

5 Approval to Operate Application Information

Dispensary Information

Legal name of the dispensary: **Healing Hands**
Name of the entity applying: **Healing Hands LLC**
The registry number identification number for the dispensary: **00000001DCVQ26268377**

Current physical address of the dispensary

Dispensary Street: **3301 N 24th St**
Dispensary City: **Phoenix**
Dispensary State: **AZ**
Dispensary Zip Code: **85016**

POBM's

Username: **megan.wagner+410@azdhs.gov**
Name: **Kevin Spoken**
Residential Address: **null null, null null**
DOB: **1984-08-21**

6. Fill in Application Information section
7. Click **Save & Continue**

6 Application Information

Dispensary DBA *: **Healing Hands**
Transaction Privilege Tax Number *: **12345678**
Distance to the Closest Private School or Public School (in feet)*: **10,000**

Hours of Operation *: **9 AM - 9 PM**
Anticipated Date of Change *: **Sep 8, 2020**
Ready for inspection: ☒

☒ I authorize the Department of Health Services to submit supplemental requests for information if necessary to complete the application.
☐ Requesting On-Site Cultivation

Medical Director

Username: **megan.wagner+412@azdhs.gov**

Medical Director Legal First Name: **Greg**
Medical Director Legal Middle Name:
Medical Director Legal Last Name: **Monarch**

Medical Director License Type: **MD**
Medical Director License Number: **AZMD12345**

7

Save & Exit | **Save & Continue**

8. Upload Supporting Documents
9. Click **Save & Continue** to proceed

Medical Marijuana
Approval to Operate Application

INFORMATION | **UPLOAD DOCUMENTS** | REVIEW & SUBMIT

Upload Supporting Documentation

8

FOR EACH POBM: Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM - **Dispensary POBM Attestation***

9

A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary site (and on-site cultivation, if applicable), such as a certificate of occupancy, a special use permit, or a conditional permit.*

A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions.*

A site plan drawn to scale of the proposed dispensary location showing streets, property lines, buildings, parking areas, outdoor areas (if applicable), fences, security features, fire hydrants (if applicable), and access to water mains.*

A floor plan drawn to scale of the building where the proposed dispensary is located showing the:

1. Layout and dimensions of each room
2. Name and function of each room
3. Location of each hand washing sink
4. Location of each toilet room
5. Means of egress
6. Location of each video camera
7. Location of each panic button
8. Location of natural and artificial lighting sources

Back | Save & Exit | **Save & Continue**

10. Review Application

11. Click **Submit**

Medical Marijuana Approval to Operate Application

✓

✓

REVIEW & SUBMIT

Approval to Operate Application Review

10

Dispensary Information

Legal name of the dispensary Healing Hands	Name of the entity applying Healing Hands LLC	The registry number identification number for the dispensary 00000001DCVQ26268377
--	---	---

Current physical address of the dispensary

Dispensary Street 3301 N 24th St	Dispensary City Phoenix	Dispensary State AZ	Dispensary Zip Code 85016
--	-----------------------------------	-------------------------------	-------------------------------------

POBM's

Username Kevin.spoken@gmail.com	Name Kevin Spoken	Residential Address 3302 N 24 St.	DOB 1984-08-21
---	-----------------------------	---	--------------------------

Application Information

Dispensary DBA Healing Hands	Transaction Privilege Tax Number 12345678	Distance to the Closest Private School or Public School (in feet) 10,000
--	---	--

Hours of Operation 9 AM - 9 PM	Anticipated Date of Change 9/8/2020	Ready for inspection <input checked="" type="checkbox"/>
--	---	---

☒ I authorize the Department of Health Services to submit supplemental requests for information if necessary to complete the application.
☐ Requesting On-Site Cultivation

Medical Director

Username Greg.monarch@gmail.com	Medical Director Legal First Name Greg	Medical Director Legal Middle Name 	Medical Director Legal Last Name Monarch
---	--	---	--

Medical Director License Type MD	Medical Director License Number AZMD12345
--	---

Back

Submit

12. Once approved, the Approval to Operate certificate will be issued and can be viewed from the Facility Licensing Portal (Dispensary certificate shown)

12

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

Healing Hands
3301 N 24th St, Phoenix, AZ 85016

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000001DCVQ26268377
Effective Date: August 25, 2020
Expiration Date: August 24, 2022

APPROVED TO:
Dispense
Sell Edibles
Dispense Edibles

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with any acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Megan Whitley
Recommended By: Megan Whitley
Bureau Chief

Colby Bowser
Issued By: Colby Bowser on August 25, 2020
Assistant Director

Change Applications Overview

Access: PO/BM only

Overview: Change applications allow dispensary information to be modified. The following items can be changed from the Facility Change Application tile:

Dispensaries:

- Add Cultivation Off-Site
- Add Cultivation On-Site
- Add Kitchen Off-Site
- Add Kitchen On-Site
- Change Location of Cultivation Site
- Change Location of Dispensary
- Decertify Cultivation Site or Kitchen
- Dispense Edibles
- Modification of Licensed Facility*
- Sell Edibles

Duals and Establishments:

- Add Cultivation to Retail
- Add Manufacturing to Retail
- Add Cultivation Site
- Add Processing to Cultivation Site
- Add Manufacturing to Cultivation Site
- Add Manufacturing Site
- Add Package & Store to Manufacturing Site
- Add Prepare Edibles
- Change of Retail Location
- Change of Cultivation Location
- Change of Manufacturing Location
- Modify Retail Site*
- Modify Cultivation*
- Modify Manufacturing*

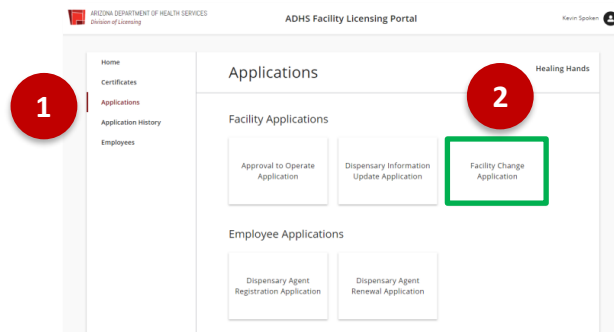
**Application is accessed as a separate application tile from the Change Application tile*

Change Application - Dispensary

Access: PO/BM only

Overview: Change applications allow facilities to modify certificate “Approved To” items.

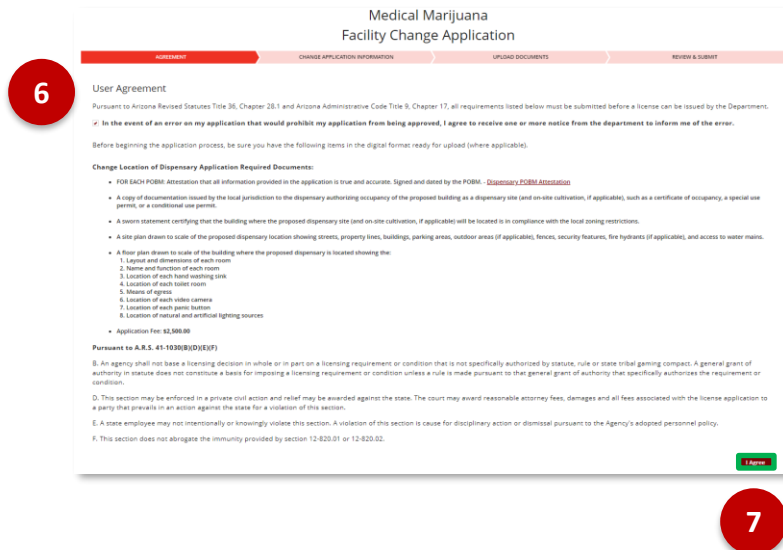
1. To apply for a facility change application, navigate to the Applications tab within the Facility Licensing Portal
2. Click the **Facility Change Application** tile



3. View the facility change application
4. Click the **dropdown arrow** to select the appropriate Change
5. Click **Save & Continue** to proceed

The screenshot shows the 'Medical Marijuana Facility Change Application' form. The title is 'Medical Marijuana Facility Change Application'. Below the title is a section for 'Facility Change' with the following fields: 'Dispensary Name' (Healing Hands), 'Entry Applied Name' (Healing Hands LLC), 'Dispensary ID' (00000001DCVQ26268377), 'Dispensary Street' (3301 N 24th St), 'Dispensary City' (Phoenix), 'Dispensary State' (AZ), 'Dispensary Zip Code' (85016), 'Secondary Street Address', 'Suite, Unit, etc.', 'Secondary City', 'Secondary State', and 'Secondary Zip Code'. There is a checkbox for 'The dispensary displayed above is currently approved to cultivate on-site.' and a 'Change Type' dropdown menu (highlighted with a green border and a red circle 4) with the text 'Select an Option'. At the bottom right is a 'Save & Continue' button (highlighted with a green border and a red circle 5). A 'Cancel' button is also present at the bottom left.

6. View User Agreement – verify decision to receive notice from the department
7. Click **I Agree**



**Medical Marijuana
Facility Change Application**

AGREEMENT CHANGE APPLICATION INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

User Agreement

Pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17, all requirements listed below must be submitted before a license can be issued by the Department.

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable).

Change Location of Dispensary Application Required Documents:

- FOR EACH POBIA: Attestation that all information provided in the application is true and accurate. Signed and dated by the POBIA - [Dispensary POBIA Attestation](#)
- A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary site (and on-site cultivation, if applicable), such as a certificate of occupancy, a special use permit, or a conditional use permit.
- A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions.
- A site plan drawn to scale of the proposed dispensary location showing streets, property lines, buildings, parking areas, outdoor areas (if applicable), fences, security features, fire hydrants (if applicable), and access to water mains.
- A floor plan drawn to scale of the building where the proposed dispensary is located showing the:
 1. Layout and dimensions of each room
 2. Name and function of each room
 3. Location of each hand washing sink
 4. Location of each toilet room
 5. Means of egress
 6. Location of each video camera
 7. Location of each panic button
 8. Location of natural and artificial lighting sources
- Application Fee: \$2,500.00

Pursuant to A.R.S. 41-1030(B)(2)(EXF)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

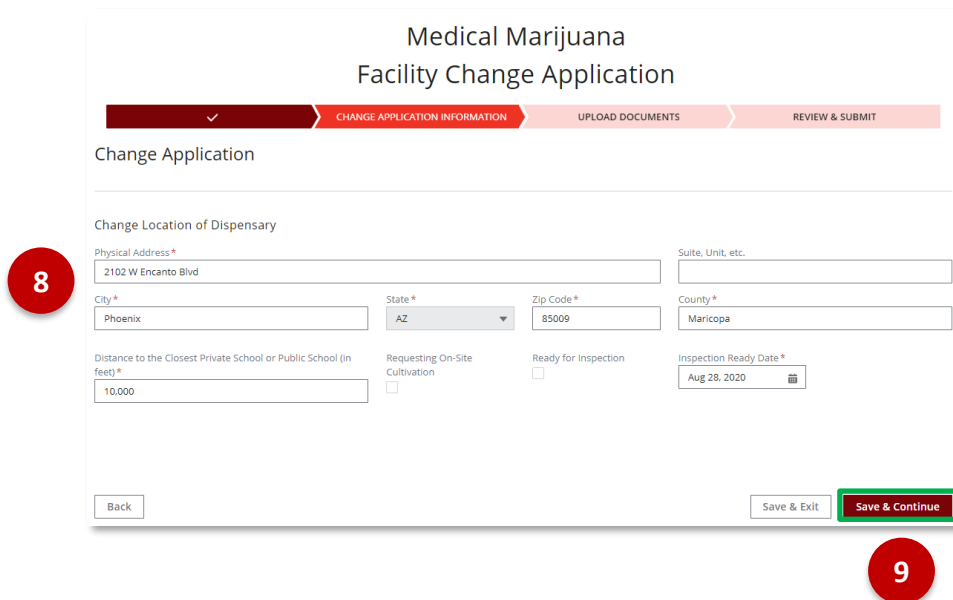
D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I Agree

8. Complete Change Application Information section with item being modified
NOTE: This example used Change Location of Dispensary as the change item for this application. The options previously listed as change items would appear here if they were chosen
9. Click **Save & Continue** to proceed



**Medical Marijuana
Facility Change Application**

✓ CHANGE APPLICATION INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Change Application

Change Location of Dispensary

Physical Address*
2102 W Encanto Blvd

Suite, Unit, etc.

City*
Phoenix

State*
AZ

Zip Code*
85009

County*
Maricopa

Distance to the Closest Private School or Public School (in feet)*
10,000

Requesting On-Site Cultivation
☐

Ready for Inspection
☐

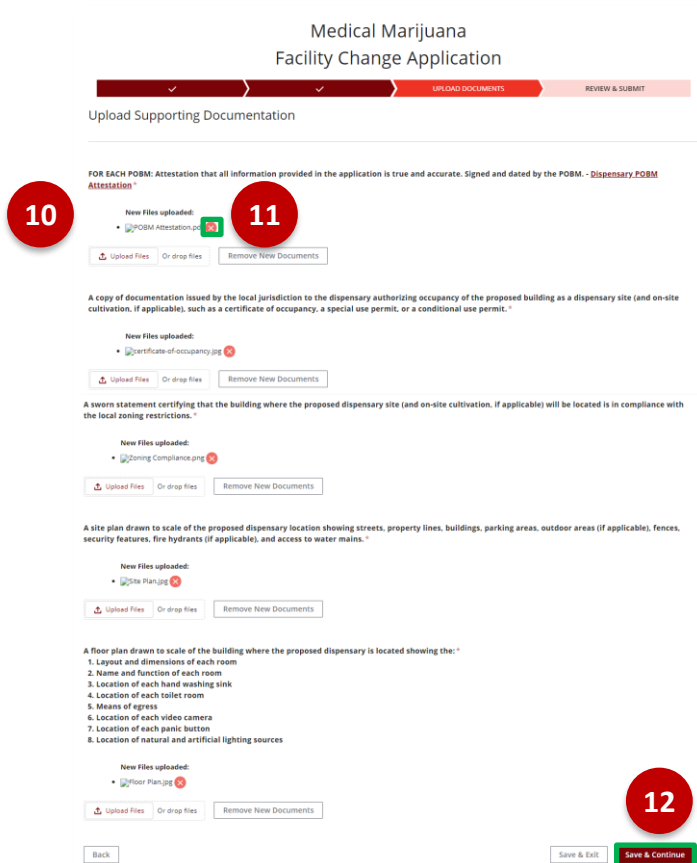
Inspection Ready Date*
Aug 28, 2020

Back Save & Exit **Save & Continue**

10. Upload Supporting Documentation

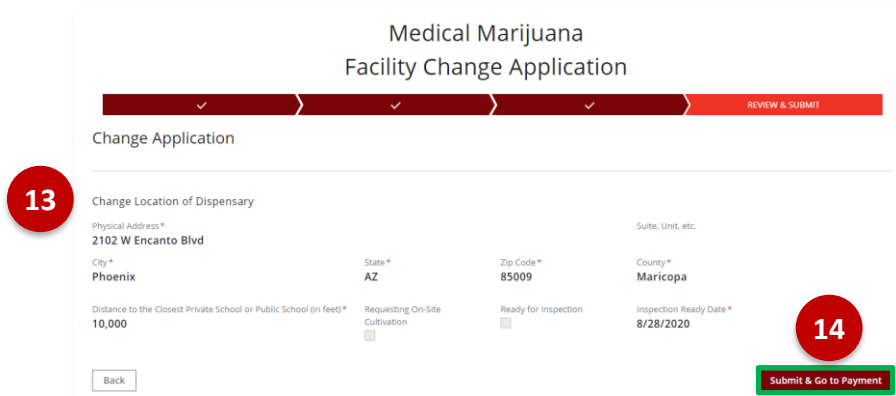
11. Remove uploads by clicking the  next to the uploaded document

12. Click **Save & Continue** to proceed




13. Review Change Application information

14. Click **Submit & Go to Payment** to proceed to payment process



15. Once change is approved, new certificate will be available in portal (if applicable)

15



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Healing Hands
3301 N 24th St, Phoenix, AZ 85016

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

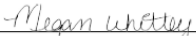
Registration Certificate Identification Number: 00000001DCVQ26268377

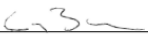
Effective Date: August 25, 2020
Expiration Date: August 24, 2022

APPROVED TO:

Dispense
Sell Edibles
Dispense Edibles

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.


Recommended By: Megan Whitby
Bureau Chief

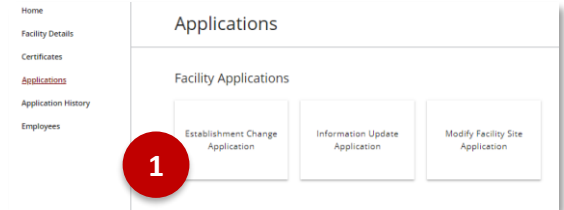

Issued By: Colby Bower on August 25, 2020
Assistant Director

Change Application – Duals and Establishments

Access: PO/BM only

Overview: Change applications allow facilities to modify certificate “Approved To” items.

1. From the Application tab, select **Establishment Change Application**



2. Upon selecting the tile, the **Agreement Page** is displayed
3. Select the **I Agree** button to proceed

The screenshot displays a document titled 'Marijuana Establishment Change Application'. It includes a 'User Agreement' section with the following text: 'You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law. Pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.1 or Chapter 28.2, as applicable and Arizona Administrative Code (A.A.C.) Title 9, Chapter 17 or Chapter 18, as applicable, all requirements listed below must be submitted before a license can be issued by the Department. In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notices from the department to inform me of the error. Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable): Establishment Change Application Required Documents: 1. Valid Each-Patient Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM, [ECHO Licensed Facility Attestation](#). 2. A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions. 3. For a requested change in location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site, a statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction, certifying that the proposed location is in compliance with any local zoning restrictions. The statement must include the legal name of the marijuana establishment or identify at least one principal officer or board member. 4. [Zoning Compliance Form](#). 5. Documentation issued by the local jurisdiction to the marijuana establishment authorizing occupancy of the proposed building, as applicable, as a marijuana establishment's retail location or location as the marijuana establishment's proposed cultivation site or manufacturing site, such as a certificate of occupancy, a special use permit, or a conditional use permit. 6. If requesting to change the location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site documentation, in a Department-provided format, of: a. Ownership of the physical address of the proposed marijuana establishment location, signed and dated within 60 calendar days before the date of application; or b. Permission from the owner of the physical address of the proposed marijuana establishment location for the marijuana establishment to operate a retail location, cultivation site, or manufacturing site, as applicable, at the physical address, signed, notarized, and dated within 60 calendar days before the date of application. 7. [Property Ownership Form](#). 8. A site plan drawn to scale of the proposed marijuana establishment location showing: a. Streets; b. Property lines of the contiguous premises; c. Building; d. Parking areas; e. Outdoor areas (if applicable); f. Fences; g. Security features; h. Fire hydrants (if applicable); and i. Access to water mains. 9. A floor plan drawn to scale of the building where the proposed retail location, cultivation site, or manufacturing site, as applicable, showing: a. Layout and dimensions of each room; b. Name and function of each room; c. Location of each hand-washing sink; d. Location of each toilet room; e. Means of egress; f. Location of each video camera; g. Location of each panic button; h. Location of natural and artificial lighting sources. 10. If requesting approval to prepare edible marijuana products, a copy of the marijuana establishment's license or permit of the location as a food establishment, issued under P.A.C. 6, Article 1. 11. Application Fee: \$3,500.00. Pursuant to A.R.S. 34-193B(4)(D)(F) 5. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. 6. This section may be enforced in a private civil action and relief may be awarded against the violator, including but not limited to, reasonable attorney's fees, damages and all fees associated with the license application to a party that prevails. 7. This section may be enforced in a private civil action and relief may be awarded against the violator, including but not limited to, reasonable attorney's fees, damages and all fees associated with the license application to a party that prevails. 8. A state employee may not intentionally or knowingly violate this section. A violation of this section may constitute a disciplinary action or dismissal pursuant to the agency's adopted personnel policy. 9. This section does not abrogate the immunity provided by section 12-620.01 or 12-620.02. At the bottom right, there is a red button labeled 'I Agree'.

4. The top section of the application pages will display the current site details for the facility
5. On the Establishment Change page, select the **Select Site Location** drop-down menu to choose the site the change(s) will apply to
 - a. To add a new site location: select the site type from the menu
6. Select **Save & Continue** to proceed

Marijuana
Establishment Change Application

ESTABLISHMENT CHANGE INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

4 Establishment Change

Facility Information

Facility Name Bruce's Weed House	Entity Applied Name ENTITY INFO NAME	Facility Certificate ID Establishment-00000006ESYO09245190
	412	

The Facility displayed above is currently approved to:

Current Physical Address of the Facility

Facility Street Address 8880 West World St	Facility Unit Number	Facility City Phoenix	Facility State AZ
Facility Zip Code 85020			

Current Cultivation Address of the Facility

Cultivation Street Address	Cultivation Unit Number	Cultivation City	Cultivation State

Cultivation Zip Code

Current Manufacture Address of the Facility

Manufacture Street Address	Manufacture Unit Number	Manufacture City	Manufacture State

Manufacture Zip Code

5 Select Site Location

↓ Select Site Location

Retail

Cultivation

Manufacture

✓ Retail

6

Save & Exit **Save & Continue**

Change to Retail Site

If the Retail site was selected on the Establishment Change page, the Retail Site change options will display (available change options will display based on current certificate Approve To items)

NOTE: For Dual facility types, if changing location of a retail site, PO/BMs will be required to submit a second change of location for the Dispensary certificate in addition to the Establishment certificate.

7. To change the Retail location, select the **Change Retail Location** checkbox, a new address field will appear
8. Enter the new proposed address of the retail location site
9. Based on facility approved to items, applicant can apply to **Add Cultivation** and/or **Add Manufacturing** functions to the retail site by selecting the associated checkbox
10. If **Add Manufacturing** to Retail Site is selected, the application will display the option to add **Prepare Edibles at Retail Site**
11. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
12. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
13. Select the **Save & Continue** button to proceed

The screenshot shows the 'Change Retail Site' form with the following elements and numbered callouts:

- 7**: Points to the 'Change Retail Location' checkbox, which is checked.
- 8**: Points to the 'Street Address' input field.
- 9**: Points to the 'Add Cultivation to Retail Site' checkbox, which is checked.
- 10**: Points to the 'Proposed Effective Date' input field.
- 11**: Points to the 'Ready for Inspection' checkbox, which is unchecked.
- 12**: Points to the 'Inspection Ready Date' input field.
- 13**: Points to the 'Save & Continue' button.

Other visible form elements include:

- 'Suite, Unit, etc.' input field.
- 'City', 'State' (dropdown menu showing 'AZ'), and 'Zip Code' input fields.
- 'Add Manufacturing to Retail Site' checkbox, which is checked.
- 'Prepare Edibles at Retail Site' checkbox, which is unchecked.
- 'Save & Exit' button.

Change To/Add Cultivation Site

If the Cultivation site was selected on the Establishment Change page, the Cultivation Site change options will display (available change options will display based on current certificate Approve To items).

NOTE: The modification to a facility site is a separate application from the Change Application and can be accesses in the application tab.

14. To change or add Cultivation location, select the **Add/Change Cultivation Location** checkbox, a new address field will appear
15. Enter the new proposed address of the location site
16. If **Add Manufacturing** to the site is selected or facility has an approved Cultivation site (based on facility Approved To items), the application will display the option to **Add Manufacturing to Cultivation Site** and **Prepare Edibles at Cultivation Site**
17. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
18. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
19. Select the **Save & Continue** button to proceed

The screenshot shows the 'Add Cultivation Site' form with the following elements and callouts:

- 14**: 'Add Cultivation Site' header and 'Add Cultivation Location' checkbox (checked).
- 15**: 'Street Address' text input field.
- 16**: 'Suite, Unit, etc.' text input field.
- 17**: 'City' text input field.
- 18**: 'State' dropdown menu (currently showing 'AZ').
- 19**: 'Zip Code' text input field.
- 20**: 'Add Processing to Cultivation Site' checkbox (checked).
- 21**: 'Add Manufacturing to Cultivation Site' checkbox (checked).
- 22**: 'Prepare Edibles at Cultivation Site' checkbox (checked).
- 23**: 'Proposed Effective Date' section with a date input field and a calendar icon.
- 24**: 'Ready for Inspection' checkbox (unchecked).
- 25**: 'Inspection Ready Date' section with a date input field and a calendar icon.
- 26**: 'Save & Exit' button.
- 27**: 'Save & Continue' button.

Change To/Add Manufacturing Site

If the Manufacturing site was selected on the Establishment Change page, the Manufacturing Site change options will display (available change options will display based on current certificate Approve To items).

NOTE: The modification to a facility site is a separate application from the Change Application and can be accesses in the application tab.

20. To change or add Cultivation location, select the **Add/Change Manufacture Location** checkbox, a new address field will appear
21. Enter the new proposed address of the location site
22. If **Add Manufacturing** to the site is selected or facility has an approved Manufacturing site (based on facility Approved To items), the application will display the option to add **Prepare Edibles at Manufacture Site** and **Add Package and Store to Manufacture Site**
23. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
24. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
25. Select the **Save & Continue** button to proceed

The screenshot shows the 'Add Manufacture Site' form. At the top, the title 'Add Manufacture Site' is followed by a checked checkbox for 'Add Manufacture Location'. Below this is a text field for 'street address *'. To the right is a text field for 'SUITE, UNIT, ETC.'. Below the address field are three fields: 'City *', 'State *' (a dropdown menu showing 'AZ'), and 'Zip Code *'. Below these are two checkboxes: 'Prepare Edibles at Manufacture Site' and 'Add Package and Store to Manufacture Site'. Below the checkboxes are two date fields: 'Proposed effective date *' and 'Inspection Ready date *'. At the bottom right are two buttons: 'Save & Exit' and 'Save & Continue'.

20. Add Manufacture Site

21. Add Manufacture Location *

22. Prepare Edibles at Manufacture Site

23. Add Package and Store to Manufacture Site

24. Proposed effective date *

25. Inspection Ready date *

26. Save & Exit

27. Save & Continue

26. From the Upload page, attach the files required by each change type
27. Select **Save & Continue** to proceed

Marijuana Establishment Change Application

Upload Supporting Documentation

FOR EACH FORM: Attestation that all information in the application is true and accurate, signed and dated by the FORM, FORM Licensed Facility Attestation *

Upload Files | Or drag files

A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions. *

Upload Files | Or drag files

For a requested change in location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site, a statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction, certifying that the proposed location is in compliance with any local zoning restrictions. The statement must include the legal name of the marijuana establishment or identify at least one principal officer or board member.

Upload Files | Or drag files

For a requested change in location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site, a statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction, certifying that the proposed location is in compliance with any local zoning restrictions. The statement must include the legal name of the marijuana establishment or identify at least one principal officer or board member.

Upload Files | Or drag files

Documentation issued by the local jurisdiction to the marijuana establishment authorizing occupancy of the proposed building, as applicable, as a marijuana establishment's retail location or location as the marijuana establishment's proposed cultivation site or manufacturing site, such as a certificate of occupancy, a special use permit, or a conditional use permit.

Upload Files | Or drag files

If requesting to change the location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site documentation, in a Department-provided format, of:

- Ownership of the physical address of the proposed marijuana establishment location, signed and dated within 60 calendar days before the date of application; or
- Permission from the owner of the physical address of the proposed marijuana establishment location for the marijuana establishment to operate a retail location, cultivation site, or manufacturing site, as applicable, at the physical address, signed, notarized, and dated within 60 calendar days before the date of application

Upload Files | Or drag files

A site plan drawn to scale of the proposed marijuana establishment location showing:

- Screens
- Property lines of the contiguous premises
- Buildings
- Parking areas
- Outdoor areas (if applicable)
- Fences
- Security features
- Fire hydrants (if applicable) and
- Access to water mains

Upload Files | Or drag files

A floor plan drawn to scale of the building where the proposed retail location, cultivation site, or manufacturing site, as applicable, showing the:

- Lay-out and dimensions of each room
- Name and function of each room
- Location of each hand washing sink
- Location of each toilet room
- Means of egress
- Location of each video camera
- Location of each panic button
- Location of natural and artificial lighting sources

Upload Files | Or drag files

If requesting approval to prepare edible marijuana products, a copy of the marijuana establishment's license or permit of the location as a food establishment, business, or other applicable license.

Upload Files | Or drag files

Back | Save & Exit | **Save & Continue**

28. On the Review & Submit page, confirm information entered is correct - select **Submit & Go to Payment** to proceed to payment

Marijuana Establishment Change Application

Review & Submit

Change Retail Site
Change Retail Location

Establishment Name: 4332 N Drive

City: Buhl

State: AZ

Zip: 85009

Add Cultivation to Retail Site: [X]

Add Manufacturing to Retail Site: [X]

Prepare Edibles at Retail Site: [X]

Approved (Effective Date): 2/18/2021

Phone: [X]

Ready for inspection: [X]

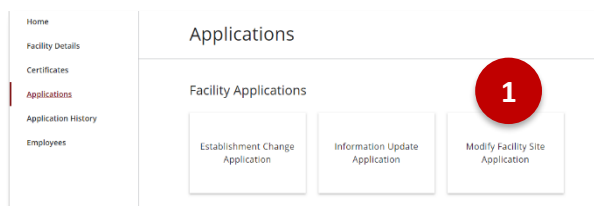
Back | **Submit & Go to Payment**

Modification Application – Duals and Establishments

Access: PO/BM only

Overview: Change applications allow facilities to modify certificate “Approved To” items.

1. From the Application tab, select the Modify Facility Site Application tile



2. Upon selecting the tile, the Agreement page will display – select the I Agree button to proceed

A screenshot of a 'User Agreement' page for a 'Marijuana Facility Modification Application'. The page contains several paragraphs of legal text, including a disclaimer about ADHS monitoring, a consent statement, and a list of required documents. At the bottom right, there is a red button labeled 'I Agree', which is highlighted with a red circle containing the number '2'.

3. Select the site that will be modified from **the Location Type** menu (only sites that have been previously approved will display here)
4. Enter description of the modification in the **Description of Modification** section
5. Select the checkbox **Ready for Inspection** checkbox if site is ready to be inspected
6. If checkbox is not checked (site is NOT ready for inspection) the **Inspection Ready Date** field is required
7. Select **Save & Continue** to proceed

8. On the upload page, upload all required documents for the modification application
9. Select **Save & Continue** to proceed

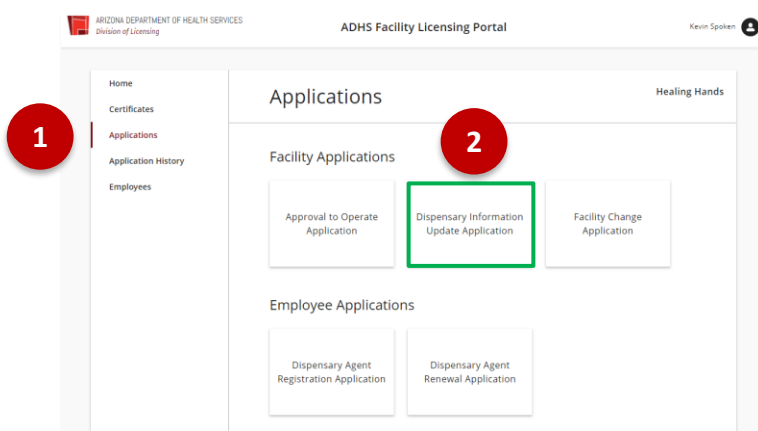
10. Review all files and details on the Review page
11. Select **Submit** to submit the application

Information Update Application

Access: PO/BM only

Overview: This application is used to update facility information such as phone number, email, facility name, etc.

1. To update facility information via a Facility Information Update application, navigate to the **Applications** tab within the Facility Licensing Portal
2. Click on **Facility Information Update Application** tile



3. The Facility Information Update Application will appear – review information
4. Select appropriate update type for this application
NOTE: For this example, Name of Dispensary will be the update type selected
5. Click **Save & Continue**

The screenshot shows the 'Medical Marijuana Dispensary Information Update Application' form. The form is titled 'Medical Marijuana Dispensary Information Update Application'. It contains several sections for input: 'Dispensary Information' with fields for Dispensary Name (Healing Hands), TPT Number, Doing Business As, Hours of Operation, Designated Email Address (megan.wagner+411@azdhs.gov), Medical Director (Greg Monarch), Phone Number ((999) 012-4325), and Designated Person (Kevin Spoken). There is also a 'Mailing Address' section with fields for Mailing Address (3301 N 24th St), City (Phoenix), and County (Maricopa). A dropdown menu is open, showing a list of update types: DBA, Designated Email Address, Designated Person, Hours of Operation, Mailing Address, Medical Director, Name of Dispensary, New POBM, Phone Number, Remove POBM, and TPT Number. The 'Name of Dispensary' option is highlighted with a green border and a red circle 4. A 'Save & Continue' button is located at the bottom right of the form, highlighted with a red circle 5. A 'Cancel' button is located at the bottom left of the form. A red circle 3 is placed over the 'Dispensary Information Update Application' title.

6. View User Agreement – verify decision to receive notice from the department
7. Click **I Agree**

The screenshot shows the 'User Agreement' page of the 'Medical Marijuana Dispensary Information Update Application'. The page has a progress bar at the top with four steps: AGREEMENT, DISPENSARY INFORMATION UPDATE APPLICATION, UPLOAD DOCUMENTS, and REVIEW & SUBMIT. The 'AGREEMENT' step is currently active. The main content area contains the 'User Agreement' text, which includes a checkbox for 'In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.' Below the agreement text, there is a section titled 'Name of Dispensary Application Required Documents:' followed by a bulleted list of requirements. At the bottom right of the page, there is a red circle with the number '6' and a green button labeled 'I Agree' with a red circle containing the number '7' next to it.

8. View Dispensary Name Update field – enter new Dispensary Name
9. Click **Save & Continue**

The screenshot shows the 'Dispensary Name Update' page of the 'Medical Marijuana Dispensary Information Update Application'. The page has a progress bar at the top with four steps: DISPENSARY INFORMATION UPDATE APPLICATION, UPLOAD DOCUMENTS, REVIEW & SUBMIT, and REVIEW & SUBMIT. The 'DISPENSARY INFORMATION UPDATE APPLICATION' step is currently active. The main content area contains the 'Dispensary Name Update' form, which has a text input field for 'Dispensary Name*' with the value 'Healing Hands'. Below the input field, there is a 'Back' button. At the bottom right of the page, there is a red circle with the number '8' and a green button labeled 'Save & Continue' with a red circle containing the number '9' next to it.

10. View Upload Supporting Documentation Page
11. Upload files by clicking Upload Files or dropping the files into the box
12. To remove a file, click **Remove New Documents** button
13. Click **Save & Continue**

The screenshot shows the 'Upload Supporting Documentation' page of the 'Medical Marijuana Dispensary Information Update Application'. The page has a progress bar at the top with four steps: DISPENSARY INFORMATION UPDATE APPLICATION, UPLOAD DOCUMENTS, REVIEW & SUBMIT, and REVIEW & SUBMIT. The 'UPLOAD DOCUMENTS' step is currently active. The main content area contains the 'Upload Supporting Documentation' form, which has a text input field for 'Dispensary Name*' with the value 'Healing Hands'. Below the input field, there is a 'Back' button. At the bottom right of the page, there is a red circle with the number '10' and a green button labeled 'Save & Continue' with a red circle containing the number '13' next to it.

14. Review updated information
15. Click **Submit** to submit application

14

Medical Marijuana
Dispensary Information Update Application

✓ ✓ ✓ REVIEW & SUBMIT

Dispensary Name Update Application

Dispensary Name Update

Dispensary Name *
Helping Hands

Back

15

Submit

16. If approved, certificate will be issued with new facility name
- NOTE:** not all Update Applications will issue a new certificate

16

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Helping Hands
3301 N 24th St, Phoenix, AZ 85016

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000001DCVQ26268377

Effective Date: September 2, 2020
Expiration Date: September 1, 2022

THE ARIZONA MEDICAL MARIJUANA ACT DOES NOT AUTHORIZE THE HOLDER OF A DISPENSARY REGISTRATION CERTIFICATE TO CULTIVATE, POSSESS, OR SELL MEDICAL MARIJUANA PRIOR TO RECEIVING APPROVAL TO OPERATE FROM THE DEPARTMENT.

THE APPLICANT AGREES NOT TO OPERATE THE DISPENSARY UNTIL THE DISPENSARY IS INSPECTED AND THE APPLICANT OBTAINS APPROVAL TO OPERATE FROM ADHS.

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

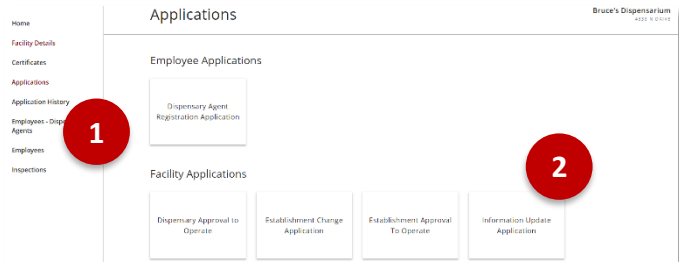
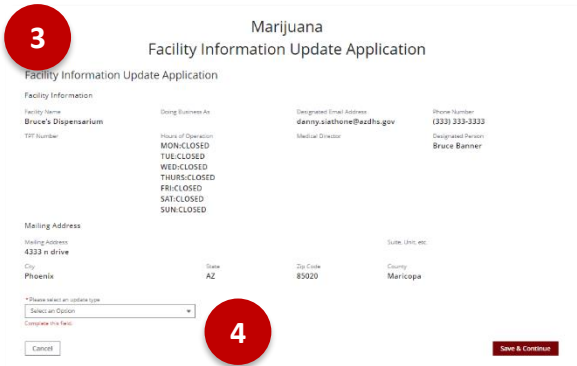
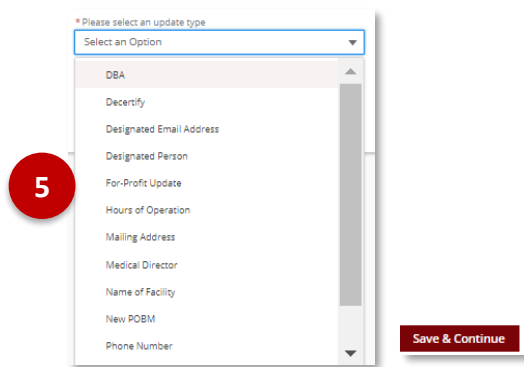
Recommended By: Megan Whitby
Bureau Chief

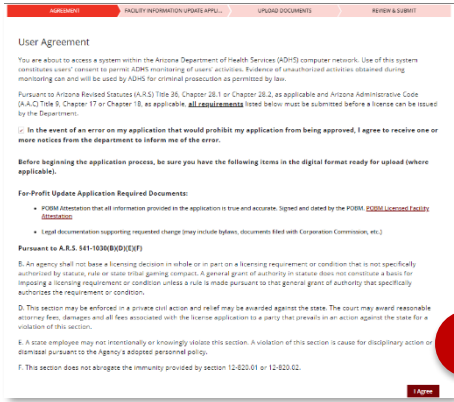
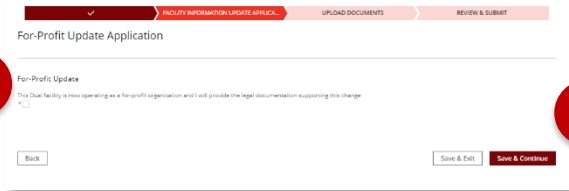
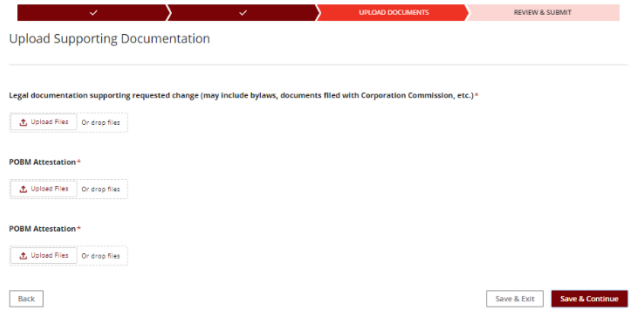
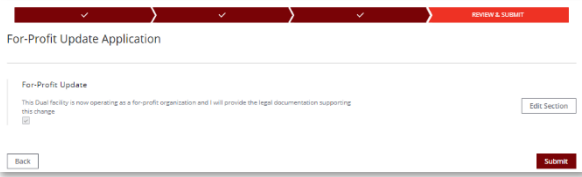
Issued By: Colby Bower on
Assistant Director

Information Update Application – For Profit Entity

Access: Establishment or Dual POBMs

Overview: The Information Update Application includes a section for Duals and Establishments to update their business as a For-Profit entity

<ol style="list-style-type: none">1. From the main facility homepage, select the Applications tab2. Select the Information Update Application tile	 <p>The screenshot shows the 'Applications' page for 'Bruce's Dispensarium'. On the left is a sidebar menu with options: Home, Facility Details, Certificates, Applications (highlighted), Application History, Employees - Disp Agents, Employees, and Inspections. A red circle with the number '1' is over the 'Applications' menu item. The main content area is titled 'Applications' and contains two sections: 'Employee Applications' with a 'Dispensary Agent Registration Application' tile, and 'Facility Applications' with four tiles: 'Dispensary Approval to Operate', 'Establishment Change Application', 'Establishment Approval To Operate', and 'Information Update Application'. A red circle with the number '2' is over the 'Information Update Application' tile.</p>
<ol style="list-style-type: none">3. Current facility details are displayed at the top4. Select the drop-down menu	 <p>The screenshot shows the 'Marijuana Facility Information Update Application' form. At the top, it says 'Facility Information Update Application'. Below this is a 'Facility Information' section with fields for Facility Name (Bruce's Dispensarium), Doing Business As, Designated Email Address (denny.sathorne@adhs.gov), Phone Number ((330) 333-3333), and Designated Person (Bruce Banner). There is also a 'Hours of Operation' section with a list of days and times (MON:CLOSED, TUE:CLOSED, WED:CLOSED, THURS:CLOSED, FRI:CLOSED, SAT:CLOSED, SUN:CLOSED). Below this is a 'Mailing Address' section with fields for Mailing Address (4333 n drive), City (Phoenix), State (AZ), Zip Code (85020), and County (Maricopa). A red circle with the number '3' is over the top of the form, and a red circle with the number '4' is over the 'Please select an update type' dropdown menu. At the bottom right is a 'Save & Continue' button.</p>
<ol style="list-style-type: none">5. Select For-Profit Update and Save & Continue button select to proceed	 <p>The screenshot shows a dropdown menu titled '* Please select an update type'. The menu is open, showing a list of options: Select an Option, DBA, Decertify, Designated Email Address, Designated Person, For-Profit Update, Hours of Operation, Mailing Address, Medical Director, Name of Facility, New POBM, and Phone Number. A red circle with the number '5' is over the 'For-Profit Update' option. At the bottom right is a 'Save & Continue' button.</p>

<p>6. Confirm agreement of the User Agreement page and select I Agree button</p>	
<p>7. Select the checkbox to confirm the for-profit status of the business entity</p> <p>8. Select the Save & Continue button to confirm and proceed</p>	
<p>9. Upload all required documents and select Save & Continue to proceed</p>	
<p>10. Review and confirm the application details and select Submit to complete the application</p>	

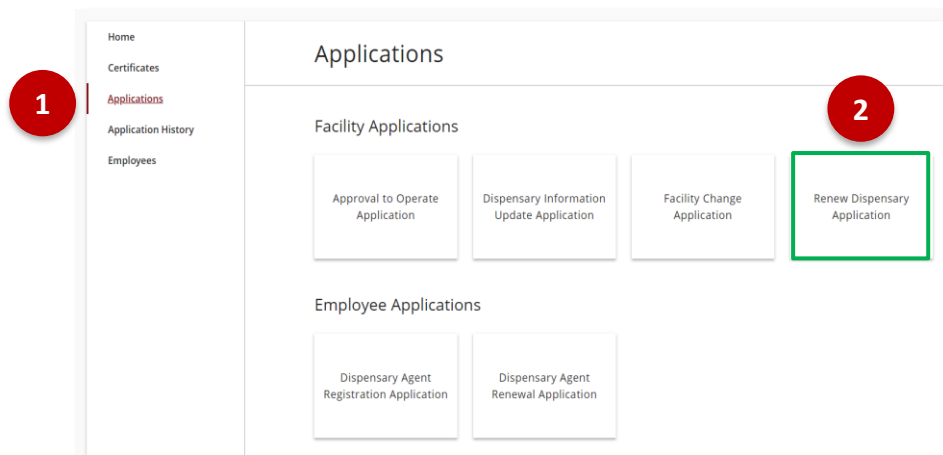
Facility Renewal Application

Access: PO/BM only

Overview: Application is used to renew a facility certificate for an additional two years. Dual facilities are required to renew both Adult-Use (Establishment) and Medical Marijuana (Dispensary) certificates separately.

1. Navigate to the **Applications** tab
2. Click **Renew Facility Application** tile

NOTE: Tile will only appear 90 days before expiration, Renewal Dispensary Application tile shown in this example; Dispensary Renewal is used in this example



3. View **User Agreement** – verify consent to receive notice from the department
4. Click **I Agree**

**Medical Marijuana
Dispensary Renewal Application**

3 User Agreement

Pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17, all requirements listed below must be submitted before a license can be issued by the Department.

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable).

Application Required Documents:

- Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM (this attachment will be required if not eSigned in 4.c)
- A report of an audit by an independent certified public accountant of the annual financial statement
- A copy of annual financial statement for the previous two years, or for the portion of the previous two years the dispensary was operational, prepared according to generally accepted accounting principles.
- Application Fee: \$1,000.00

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I Agree

5. Review prepopulated information

**Medical Marijuana
Dispensary Renewal Application**

DISPENSARY INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Dispensary Renewal Application Information

Dispensary Information

Legal name of the dispensary: **Good Times** Name of the entity applying: **Good Times** The registry number identification number for the dispensary: **00000003DCLE29429320**

The dispensary's TPT number

Current physical address of the dispensary

Dispensary Street: **400 W Southern Ave** Dispensary City: **Phoenix** Dispensary State: **AZ** Dispensary Zip Code: **85041**

Designated Person: **Bill Richards**

Review Hours of Operation

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Medical Director

Username

Medical Director Legal First Name: **Mark** Medical Director Legal Middle Name: Medical Director Legal Last Name: **Hightower**

Medical Director License Type: **MD** Medical Director License Number: **432156**

6. Select appropriate responses from dropdown selections
7. Upload **file** for Dispensary POBM Attestation
8. Verify authorization
9. Click **Save & Continue**

POBM's

Username	Name	Residential Address	DOB	Registry identification number
megan.wagner+420@azdhs.gov	Bill Richards	1855 E Apache Blvd Tempe, AZ 85281	1990-09-21	

* Has the POBM served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked?

--None--

* Is the POBM a physician currently providing written certifications for qualifying patients?

--None--

* Is the POBM a law enforcement officer?

--None--

* Is the POBM employed by or is a contractor of the Department?

--None--

Dispensary POBM Attestation *

Upload Files Or drop files

Dispensary Agent's

Username	Name	Residential Address	DOB	Registry identification number
----------	------	---------------------	-----	--------------------------------

Application Information

☒ I authorize the Department of Health Services to submit supplemental requests for information if necessary to complete the application.

Save & Exit **Save & Continue**

10. Upload required files
11. Click **Save & Continue**

The screenshot shows the 'Medical Marijuana Dispensary Renewal Application' interface. A progress bar at the top indicates the current step is 'UPLOAD DOCUMENTS'. The main heading is 'Upload Supporting Documentation'. Below this, there are five sections, each with an 'Upload Files' button and a 'Or drop files' instruction:

- 10. Renewal Application Form (downloaded and signed by all POBMs) *
- Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM (this attachment will be required if not a eSigned in 4.4) *
- A copy of the dispensary's Approval to Operate certificate issued by the Department, if the dispensary registration certificate was issued within the previous 12 months
- A report of an audit by an independent certified public accountant of the annual financial statement *
- A copy of annual financial statement for the previous two years, or for the portion of the previous two years the dispensary was in operation, prepared according to generally accepted accounting principles. *

At the bottom right, there is a red button labeled '11 Save & Continue'.

12. Review application information
13. Click **Edit Section** if needed
14. Click **Submit & Go to Payment** – to proceed to payment process

The screenshot shows the 'Medical Marijuana Dispensary Renewal Application' interface at the 'Dispensary Renewal Application Information Review' step. The progress bar shows 'REVIEW & SUBMIT' as the current step. The page displays the following information:

- Dispensary Information:**
 - Legal name of the dispensary: Good Times
 - Name of the entity applying: Good Times
 - The registry number identification number for the dispensary: 00000003DCLE29429320
 - The dispensary's TPT number: [Blank]
- Current physical address of the dispensary:**
 - Dispensary Street: 400 W Southern Ave
 - Dispensary City: Phoenix
 - Dispensary State: AZ
 - Dispensary Zip Code: 85041
- Designated Person:** Bill Richards
- Review Hours of Operation:** A table with columns for Day, Start Time, and End Time. The first row shows 'Monday' with empty time fields.

At the top right, there is a green button labeled '13 Edit Section'. At the bottom right, there is a red button labeled '14 Submit & Go to Payment'.

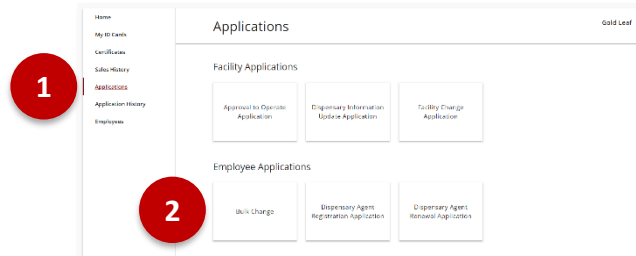
Bulk Change Application

Access: Dispensary PO/BM only

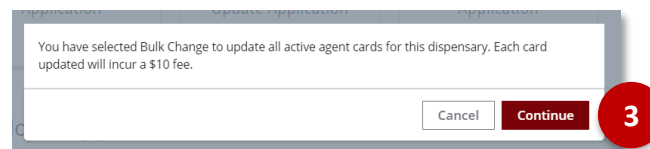
Overview: Bulk change is used to update Dispensary Agent cards when a dispensary changes name or address

1. Navigate to the **Applications** tab
2. Click **Bulk Change** tile

NOTE: Bulk Change tile will only appear after an eligible Change or Update Application has been submitted



3. Popup notification will appear, click **Continue**
4. View Bulk Card application – review requested changes – click **Confirm**

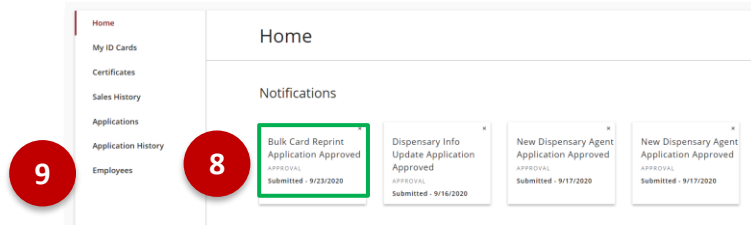


5. Review cards selected for reprint
6. Click **Submit & Go to Payment**

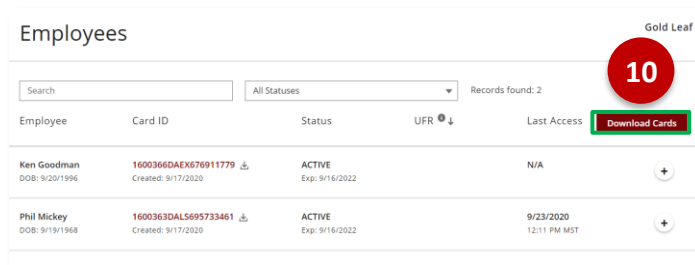
Status	Active Agent Name	Card Id	Bulk Change Fee
ACTIVE	Phil Mickey 1968-09-19	1600363DALS695733461 Dispensary Agent	\$10
ACTIVE	Ken Goodman 1996-09-30	1600366DAEX676911779 Dispensary Agent	\$10

Total: \$20

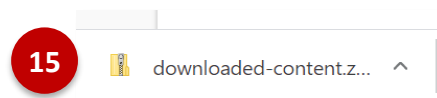
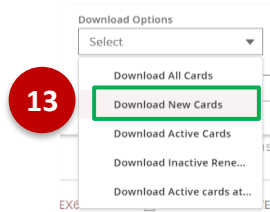
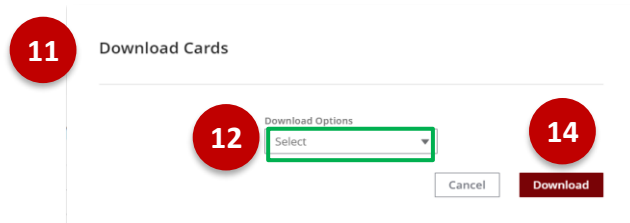
7. Upon successful payment, application will be sent to ADHS and automatically approved
8. Once approved, a notification tile will appear on the **Home** tab
9. To initiate a bulk card change, click **Employees** tab



10. From the employees tab, click **Download Cards** button



11. The download cards popup will appear
12. Select the **dropdown**
13. Click **Download New Cards** selection
14. Click **Download**
15. All cards that were newly generated from the bulk change will now be downloaded in a zip file and available for use



Application: Submit a DA Registration Application

Access: Dispensary PO/BM only

Overview: DA Registration Applications are used to apply for a Dispensary Agent card for Dispensaries

1. Click **Dispensary Agent Registration Application** tile

1

Dispensary Agent
Registration Application

2. Enter DA portal username/email address to search – validate email to verify the ADHS Licensing Portal account exists

NOTE: This DA email address is the portal username/email address the DA used to create their ADHS Licensing Portal User Account.

- If the account has not been created, the **“The requested resource does not exist”** error message will appear

ADHS Facility Licensing Portal

Medical Marijuana
Dispensary Agent Registration Application

Portal username/email address for DA/LA applicant

Validate Email

2

2a

The requested resource does not exist

- For an efficient application process, review the application instructions and checklist to identify and then prepare the documents required for the DA application. Payment is processed at the end of the application and fee for a Dispensary Agent application is \$500
- Once reviewed, click **Agree and Proceed** to view the acknowledgement of Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17

ADHS Facility Licensing Portal

Medical Marijuana
Dispensary Agent Registration Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized use may be used by ADHS for criminal prosecution as permitted by law.

Download Application Instructions

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):

- Electronic copy of photo identification
- Current Digital Photo
- Electronic copy of completed and signed Dispensary Agent/Member Attestation
- Fingerprint Instructions
- NOTE: Follow fingerprint instructions here. Fingerprint documents will not be accepted through this online application
- Fingerprint Verification Form - mailed in

In the event of an error on my application that would prohibit my application from being approved, I agree to receive notice by email.

By submitting this application I am acknowledging that I am aware that:

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A registry identification card or registration certificate issued by the Arizona Department of Health Services (ADHS) pursuant to the Arizona Medical Marijuana Act ("Act"), Arizona Revised Statutes ("A.R.S.") Title 36, Chapter 28.1 and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

I understand that while I may lawfully work in a licensed "medical" marijuana facility under state law, it is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

(see A.R.S. 36-2806D)

A dispensary or laboratory agent is prohibited from acquiring, possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying or dispensing "medical" marijuana except as allowable under state law. It is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

Pursuant to A.R.S. 41-1030B(1)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Fingerprints must be sent by mail to the ADHS department.

4

- Once reviewed, click I Agree to accept the terms stated in the application and begin the data entry process

By submitting this application, I am acknowledging that I am aware of the following:

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, dispensing, use, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

- Complete the application by first entering the DA **Identification Information** and their **Contact Information**
- Click **Save & Continue** to proceed with the application process
- To exit the application process, click **Save & Exit** to save the information (which creates an application with a **Not Submitted** status) and return later to complete the application. The **Not Submitted** application link will be in the PO/BM **Application History** tab

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Licensing

ADHS Facility Licensing Portal

Karl Corrado

Medical Marijuana Dispensary Agent Registration Application

DISPENSARY INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Dispensary Agent Information

Identification Information

First Name* Middle Name Last Name* Suffix

Date of Birth* Gender*

ID Type* ID Number*

Issuing State* Issue Date*

Contact Information

Address* Suite, Unit, etc.

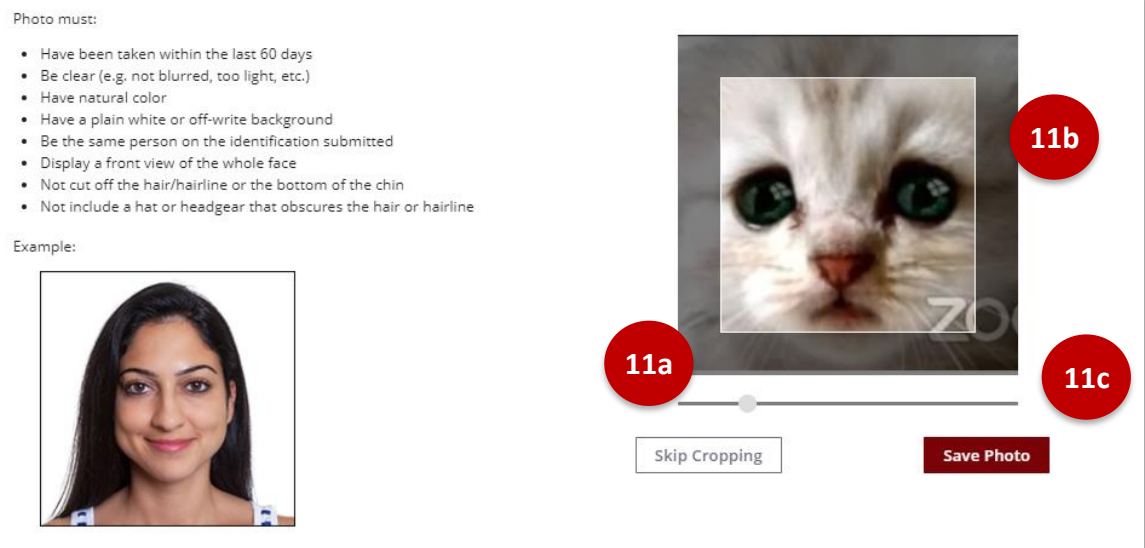
City* State* Zip Code*

Phone Number

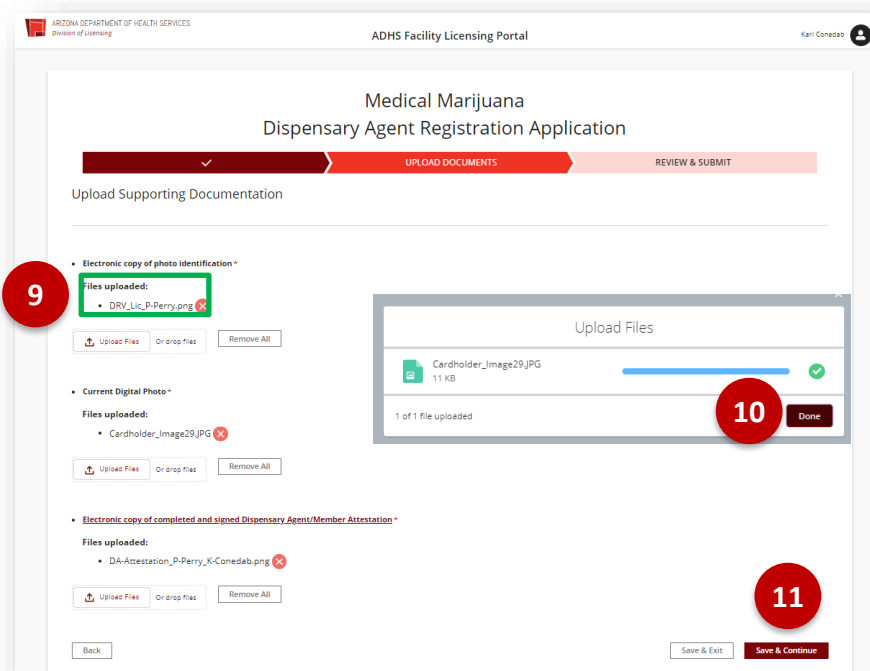
Should there be any deficiencies with your application, ADHS may contact you to resolve the issue. Your phone number will remain confidential and will not be shared with any other entity or person.

☐ Check if mailing address is different than residence address

9. Upload the *required* supporting documents, indicated by *
 - a. When dragging a file over, be sure to “drop” the file within the “dashed-outlined” box
10. Click **Done** after each upload
11. After uploading a current digital photo in an application on the upload page, the cropping pop-up will appear
 - a. Use the slider to zoom in/out of the photo
 - b. Use cursor to move the photo within the box
 - NOTE: Be sure to adhere to the photo guides noted on the pop-up
 - c. Select **Save Photo** to save the cropped image to the application or select **Skip Cropping** to save the uncropped version of the photo



12. Click **Save & Continue** to proceed with the application process



12. Review application data - Click **Edit Section** to change any information in the section. Then, click **Save and Continue** until returning to the Review and Submit page
13. Click **Submit & Go to Payment** to proceed to payment process

Arizona Department of Health Services
Division of Licensing

ADHS Facility Licensing Portal

Karl Gonzalez

Medical Marijuana Dispensary Agent Registration Application

Review

Dispensary Agent Information

Identification Information Edit Section

First Name: Pistil Middle Name: Last Name: Perry Suffix:
 Birthdate: 6/16/1960 Gender: Female
 Id Type: Driver License Id Number: D1234567
 State: AZ Issue Date: 11/21/2014

Residence Information

Address: 12220 N 39th Ave Suite, Unit, etc.:
 City: Phoenix State: AZ Zip Code: 85029 Phone Number: 555-123-2327
 ☐ Check if mailing address is different than residence address

Back Submit & Go to Payment

14. Return to Facility Licensing Portal and navigate to **Application History** Tab
15. Default for application type is Facility-Related Applications
16. To view DA applications, select drop-down option Employee-Related Applications
17. Once the application has been submitted and payment was successful, the status of the Application will change to **Submitted** (sent to ADHS)

ADHS Facility Licensing Portal

Karl Gonzalez

Application History

Search: Facility-Related Applications Records found: 0

Application Type	Applicant Name	Submitted	Status
New Dispensary Agent Application	Pistil Perry	4/29/2020	Submitted
New Dispensary Agent Application	Sandy Soil	3/27/2020	Resubmitted

18. Search for application status: **Submitted & Press Enter**

19. Click **column headings** to sort column data Ascending or Descending

20. View number of Records found based on search criteria

Application History

Suspensory
SUSPENSORY SECONDARY NAME

18

submitted

Employee-Related Applications

Records found: 13

20

Application Type	Applicant Name	Submitted	Status ↓
New Dispensary Agent Application	Kasper Mays	3/17/2020	Submitted 3/17/2020
Renewal Dispensary Agent Application	Dill Whitehead	5/1/2020	Submitted 5/1/2020
New Dispensary Agent Application	Saffron Ball	3/17/2020	Submitted 3/17/2020

19

21. In Process status indicates ADHS is reviewing the application

Application History

Suspensory
SUSPENSORY SECONDARY NAME

Search

Employee-Related Application

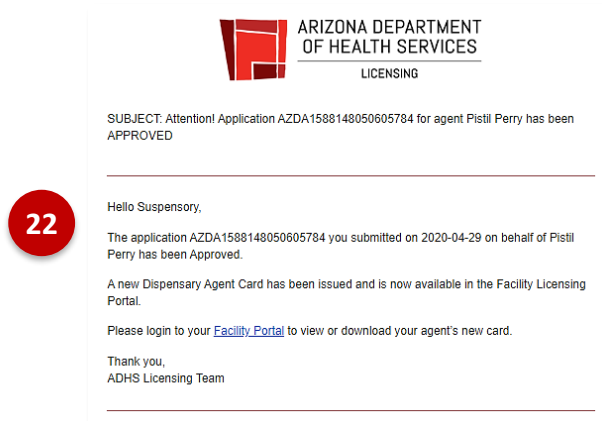
Records found: 15

Application Type	Applicant Name	Submitted	Status ↑
New Dispensary Agent Application	Marybud Bhangbis	3/19/2020	In Process 3/19/2020
New Dispensary Agent Application	Thorpe Bagel	3/17/2020	In Process 3/20/2020
New Dispensary Agent Application	Chester Yates	3/17/2020	In Process 3/19/2020
New Dispensary Agent Application	Sandy Soil	3/27/2020	In Process 3/27/2020

21

22. Once ADHS approves the DA application, a notification is sent to the dispensary email

NOTE: Email from azmedicalmarijuana@azdhs.gov – Email Subject: Your new employee application has been approved!



23. View DA Application status in Facility Licensing portal **Application History** tab: Approved

Application History

Search

Employee-Related Applications

Records found: 21

Application Type	Applicant Name	Submitted	Status ↓
New Dispensary Agent Application	Chester Yates	3/17/2020	Action Required 4/16/2020
New Dispensary Agent Application	John Dorian	5/6/2020	Approved 5/6/2020
Replace Lost/Stolen Card Application	John Dorian	5/7/2020	Approved 5/7/2020
New Dispensary Agent Application	Dill Whitehead	5/1/2020	Approved

23

24. Once the DA application is approved, the DA card can be viewed in from the Employees tab
NOTE: See Employees tab section for more information on the general functions to be performed on a DA card




24

Employees

Suspensory
SUSPENSORY SECONDARY NAME

All Statuses

Records found: 4

Employee	Card ID	Status	UFR  ↓	Last Access	
Karl Conedab DOB: 3/23/1983	1583312DAFL056631299 Dispensary Agent	ACTIVE Exp: 3/8/2022		5/8/2020 12:49 AM MST	
Pistil Perry DOB: 6/16/1960	1588923DASM973685105 Dispensary Agent	ACTIVE Exp: 5/7/2022		N/A	

☐ Agent ID Card Access

☐ Card Search & Sales Access

Download Agent Card

Report Stolen Card

Terminate Employee

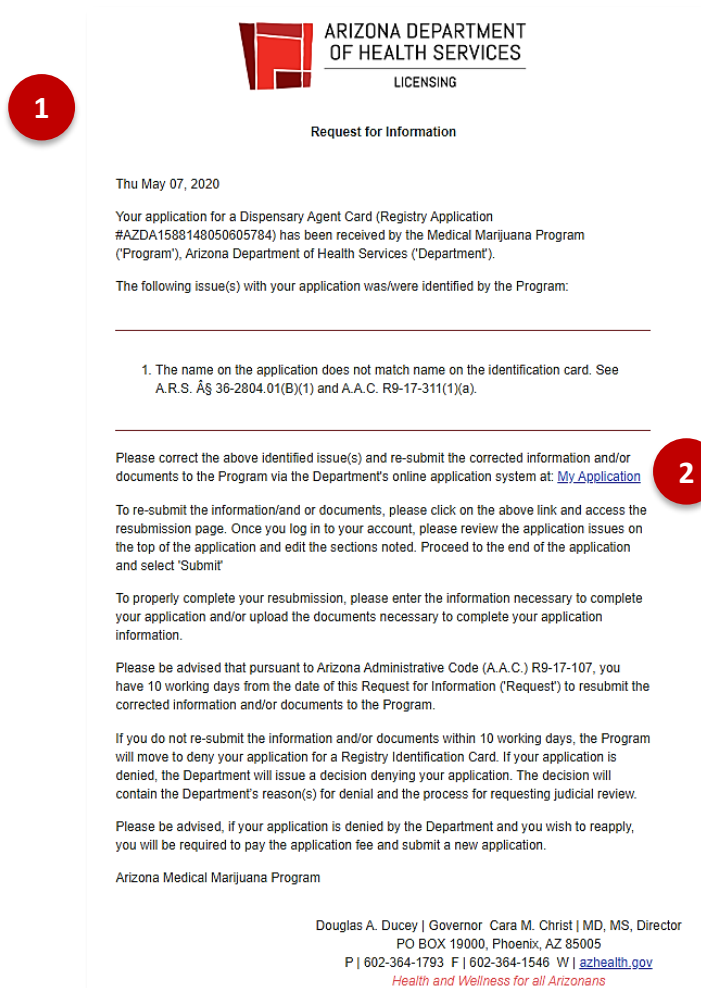
Application: Responding to a RFI or NOD

Access: PO/BM and FA only

Overview: RFI (Request for Information) and NOD (Notice of Deficiency) are application issues identified by ADHS during the review process – these items are either missing information or errors in the application that will need to be corrected and resubmitted by the applicant

1. Go to email to view status or issue notification details
2. To address the issue – Click **My Application** link to View and correct application – Email Subject for Issues (NOD or RFI): ADHS Application Requires Resubmission

NOTE: Check SPAM / Junk folder for email notifications from ADHS



NOTE: This example is an RFI with the issue reason: **Name on application does not match name on ID card.**

- To correct this issue, a new ID card file needs to be uploaded and the application resubmitted.
- To prevent this type of RFI, verify the name on the ID Card matches the name of the Dispensary Agent prior to uploading the file to the application.

3. View Application Issue description
4. Application data will display, correct as necessary, and click **Save & Continue** to continue processing application (DA application shown)

Medical Marijuana
Dispensary Agent Registration Application

3

Application Issues

Due: 5/21/2020

Your application has been received by the Medical Marijuana Program ('Program'), Arizona Department of Health Services ('Department'). The following issue(s) with your application was/were identified by the Program, making your application incomplete:

Demographics

- The name on the application does not match name on the identification card. See A.R.S. Â§ 36-2804.01(B)(1) and A.A.C. R9-17-311(1)(a).

DISPENSARY INFORMATION

UPLOAD DOCUMENTS

REVIEW & SUBMIT

Dispensary Agent Information

Identification Information

First Name*

Middle Name

Last Name*

Suffix

Pistil

Perry

Date of Birth*

Gender*

Jun 16, 1960

Female

ID Type*

ID Number*

Driver License

D1234567

Issuing State*

Issue Date*

AZ

Nov 21, 2014

Contact Information

Address*

Suite, Unit, etc.

12220 N 39th Ave

City*

State*

Zip Code*

Phoenix

AZ

85029

Phone Number

555-123-2327

Should there be any deficiencies with your application, ADHS may contact you to resolve the issue. Your phone number will remain confidential and will not be shared with any other entity or person.

☐ Check if mailing address is different than residence address

4

Save & Exit

Save & Continue

5. Review application data
6. The message reminder to Upload Supporting Documentation * indicates required files – the application displays the original files with system-assigned file names, original files cannot be deleted, additional files may be added to correct issues if necessary
7. Click Upload Files to attach the additional and correct DA ID (or drop files to “Drag and drop” the new file)
8. Click Done to accept the file
9. View the correct file was uploaded and now attached to the DA application
10. Click **Save & Continue**


Upload Supporting Documentation

5


Electronic copy of photo identification *

6

Files previously uploaded cannot be removed, but new files can be added:


- 
Dispensary_Agent_Identification-1

7

 Upload Files Or drop files

Current Digital Photo *


Files previously uploaded cannot be removed, but new files can be added:


- 
Cardholder_Image-1

 Upload Files Or drop files


Electronic copy of completed and signed Dispensary Agent/Member Attestation *

Files previously uploaded cannot be removed, but new files can be added:

- 
Dispensary_Agent_Attestation-1

 Upload Files Or drop files

Upload Files

 DRV_Lic_P-Perry.png
264 KB

1 of 1 file uploaded


8

Done

9

Electronic copy of photo identification *

Files uploaded:

-  DRV_Lic_P-Perry.png

 Upload Files Or drop files

Remove All

10

Save & Exit

Save & Continue

11. Review application data

12. To edit information in application, click **Edit Section** OR click **Back** to return to previous page

13. Click **Submit** to send corrected application back to ADHS for processing

The screenshot displays the 'Medical Marijuana Dispensary Agent Registration Application' form. At the top, a red banner indicates 'Application Issues' with a due date of 5/21/2020. A message states: 'Your application has been received by the Medical Marijuana Program (\"Program\"), Arizona Department of Health Services (\"Department\"). The following issue(s) with your application was/were identified by the Program, making your application incomplete:'. Under 'Demographics', a bullet point notes: 'The name on the application does not match name on the identification card. See A.R.S. Å§ 36-2804.01(B)(1) and A.A.C. R9-17-311(1)(a)'. A red circle with the number 11 is placed over this message. Below the banner is a progress bar with four steps: 'Review' (highlighted in green), 'Identification Information', 'Residence Information', and 'REVIEW & SUBMIT'. The 'Review' section shows 'Dispensary Agent Information' with fields for 'Identification Information' (First Name: Pistil, Middle Name, Last Name: Perry, Birthdate: 6/16/1960, Id Type: Driver License, Id Number: D1234567, State: AZ, Issue Date: 11/21/2014) and 'Residence Information' (Address: 12220 N 39th Ave, City: Phoenix, State: AZ, Zip Code: 85029, Phone Number: 555-123-2327). A red circle with the number 12 is placed over the 'Edit Section' button. At the bottom, a red circle with the number 13 is placed over the 'Submit' button. A 'Back' button is also visible.

NOTE: In order to resubmit the application, the user must proceed through the entire application to the final page in order to complete re-submission

14. If the Save & Exit button is selected, a pop-up will display

Select NO to continue the application

Select YES to save and exit without resubmitting

The screenshot shows a 'Save & Exit Confirmation' dialog box. It contains a warning icon and the text: 'Are you sure you want to exit? Exiting does not submit your application. To process any changes you must proceed through the ENTIRE application to the final submit page in order to complete your re-submission.' At the bottom, there are two buttons: 'Yes' and 'No'.

APPLICATION HISTORY

Application History Functions

Access: PO/BM only

Overview: The Application History tab displays all facility applications, Facility-Related and Employee-Related. Select the desired view from the drop-down at the top of the list. Facility-Related is the default view which will display a blank screen until the facility application functionality is added to the Facility Licensing portal.

See number 2 below, select **Employee-Related Applications** from drop-down.

1. On the Menu bar, Click the **Application History** Tab
 2. To view employee applications, select **Employee-Related Applications** from drop-down
 3. View **Application Type, Applicant Name, Submitted** date and **Status**
 - a. **Not Submitted:** Application was not completed and/or payment was not successful
 - b. **Submitted:** Application submitted to ADHS for processing
 - c. **In Process:** ADHS begins to process an application
 - d. **Action Required:** Application information issue identified by ADHS and PO/BM must respond and correct the issue and resubmit the application to ADHS within timeframe stated in email.
- NOTE:** Option to click **Action Required** to open application for corrections
- e. **Resubmitted:** Status after issue is resolved by PO/BM and resubmitted back to ADHS
 - f. **Approved:** ADHS approves the application

The screenshot shows the 'Application History' page. On the left is a navigation menu with items: Home, My ID Cards, Card Search & Sales, Sales History, Applications, Application History (highlighted), and Employees. A red circle with the number '1' points to the 'Application History' menu item. The main content area has a title 'Application History' and a search bar. Below the search bar is a table with columns: Application Type, Applicant Name, Submitted, and Status. A red circle with the number '3' points to the table header. To the right of the table is a dropdown menu currently showing 'Employee-Related Applications'. A red circle with the number '2' points to this dropdown menu. The dropdown menu also shows 'Facility-Related Applications' and 'Employee-Related Applications' (checked). The table contains 15 rows of application data.

Application Type	Applicant Name	Submitted	Status
Replace Lost/Stolen Card Application	John Dorian	5/7/2020	Approved 5/7/2020
New Dispensary Agent Application	John Dorian	5/6/2020	Approved 5/6/2020
Renewal Dispensary Agent Application	Dill Whitehead	5/1/2020	Submitted 5/1/2020
New Dispensary Agent Application	Picoll Perry	4/28/2020	Approved 5/8/2020
New Dispensary Agent Application	Sandy Soil	3/27/2020	Resubmitted 3/27/2020
New Dispensary Agent Application	Marybud Bhangbis	3/19/2020	In Process 3/19/2020
New Dispensary Agent Application	Chester Yates	3/17/2020	Action Required 4/16/2020
New Dispensary Agent Application	Dill Whitehead	3/17/2020	Approved 3/19/2020
New Dispensary Agent Application	Saffron Ball	3/17/2020	Submitted 3/17/2020
New Dispensary Agent Application	Kasper Mays	3/17/2020	Submitted 3/17/2020
New Dispensary Agent Application	Thorpe Bagel	3/17/2020	In Process 3/20/2020
New Dispensary Agent Application	Sean Conjuana	3/9/2020	Approved 3/9/2020
New Dispensary Agent Application	Dill Whitehead		Not Submitted

Application Statuses

Access: PO/BM only

Status	Description
Not Submitted	If the application has been started by the user and has not been submitted with a successful payment processed
Submitted	Application was successfully paid for and submitted to ADHS
Action Required	<ul style="list-style-type: none"> Status after ADHS has completed the “Admin Review” and has identified an Application Issue for “Notice of Deficiency (NOD)” to be sent to the applicant Status after ADHS has completed a “Substantive Review” and has identified an Application Issue for “Request of Information (RFI)” to be sent to the applicant
In Process	ADHS has started to review the application
Resubmitted	Applicant responded to an “Action Required” for a NOD or RFI, corrected application and “resubmitted” application back to ADHS
Approved	Set by the ADHS when the application passes the Admin Review and Substantive Review and the applicant successfully responds to all NOD/RFI created for the application
Void	Facility DA card status to VOID from revocation process when certificate is nullified
Withdrawn	<ul style="list-style-type: none"> Notice of Deficiency (NOD) becomes a WITHDRAWN application once the timeframe to respond has passed without a resubmittal from the applicant This status is automatically set by the system if no response was received from the applicant to address an opened NOD on the application; Application is closed and not approved. No new cards or license/certificate are issued, old card or license/certificate is expired. And applicant is not able to appeal this decision
Denied	<ul style="list-style-type: none"> This status is manually set the employee after the Denial letter is mailed out to the applicant, the Denial appeal process completed, and the final decision is to Deny the application. If the application is for a DA/LA employee (new or renewal), the existing card is marked as expired. If the application is for a brand-new facility, a license/certificate is not issued. If the application is for an existing facility (including renewals), the existing license/certificate is marked as expired. Request For Information (RFI) becomes a DENIED application once the timeframe to respond has passed without a resubmittal from the applicant
Pending Denial	<ul style="list-style-type: none"> Applications pending denials, renewals that have lapsed RFIs Renewals that have requested an ISC/Hearing
Application status can be viewed from multiple locations in the Facility Licensing Portal – see following page for examples	

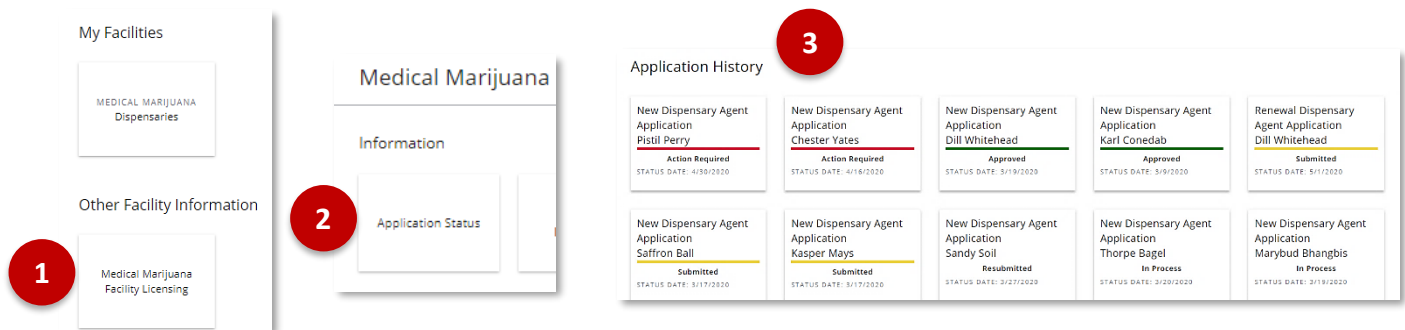
Application and Card Status Notifications

Access: Account holders

Overview: Application status can be viewed from multiple locations in the Facility Licensing Portal. Application History Tab is the **recommended path to view history**

From initial Facility Licensing Portal screen:

1. Click **Medical Marijuana Facility Licensing** tile
2. Click **Application Status** tile
3. View Application History tiles for all of PO/BM's dispensaries



Employees - Dispensary Agent: General Functions

EMPLOYEES - DISPENSARY AGENT

Employees - Dispensary Agent: General Functions

Access: PO/BM only

Overview: Dispensary PO/BMs can manage their DA access from this tab

1. Click **+** to expand employee information

2. Search: data in all columns

3. All Statuses

4. Employee card information

a. Employee

i. Name

ii. DOB

b. Card ID

i. ID Number

ii. Type

c. Status

i. Status - see chart at right

ii. Card Expiration date

d. UFR: Up for Renewal – A ● will appear for cards up for renewal within 90 days

e. Last Access: Date of last Facility Licensing Portal access

f. Agent ID Card Access toggle: Grants DA access to view their dispensary electronic registry card

g. Card Search & Sales Access toggle: Grants DA access to the Card Search & Sales function to verify patients and caregivers and log sales transactions

5. **Download Agent Card** Click to view and print DA card

6. **Renew Agent Card** Click to begin the Renewal Application process (function only available within 90 days of card expiring)

7. **Report Stolen Card** Click to begin Report Stolen Card application process

8. **Terminate Employee** Click to begin Terminate Employee process and deactivate DA card

9. For an expired DA card, only the **Download Agent Card** function will be available

DA Card Status	Validity of Card
Active	Valid
Expired	Invalid
Inactive	
Revoked	
Void	

3

4

4d

5

6

7

8

9

Download Dispensary Agent Card

Access: Dispensary PO/BM only

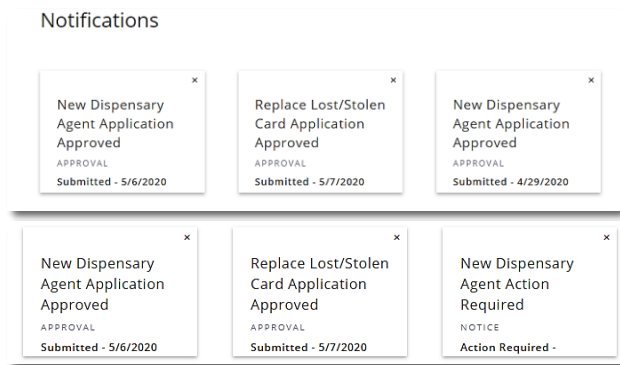
Overview: This section outlines how Dispensary PO/BMs can download DA cards

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

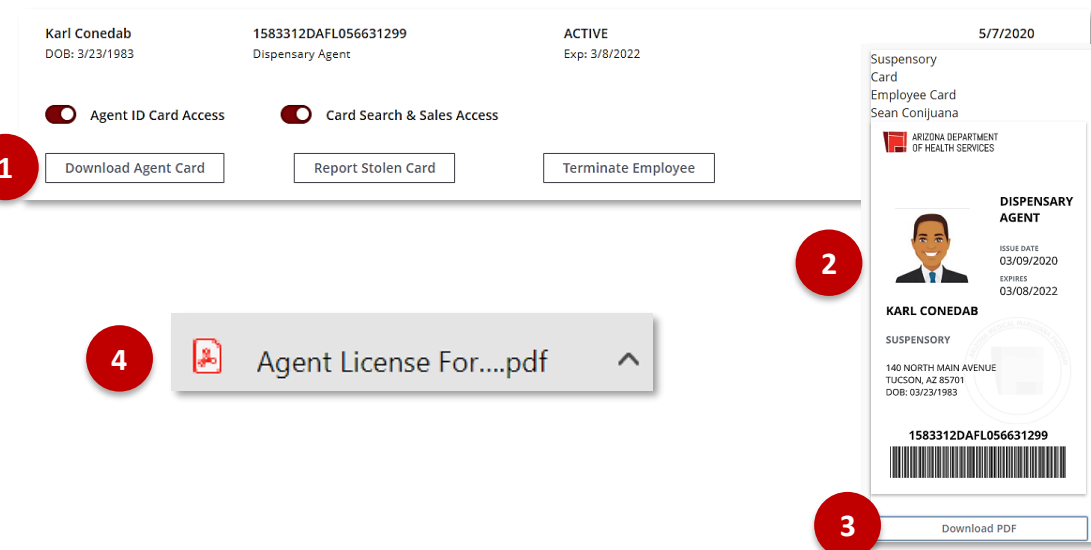
- **Action Required & Notifications**
- Renew Agent Card
- Report Lost / Stolen
- Terminate Employee
- Edit Agent Card

Notifications

- Appear on **HOME** tab in Facility Licensing Portal
- Click **X** in upper right corner to remove the notification tile
- If **Action Required** notification, click tile to open application for correction



1. To download the DA card, click **Download Agent Card**
2. View the **Agent card**
3. Click **Download PDF**
4. Click **file download notification** to view PDF version of agent card



Renew Dispensary Agent Card

Access: Dispensary PO/BM only


Overview: The renewal application for DA cards is used to renew the agent card for an additional two years

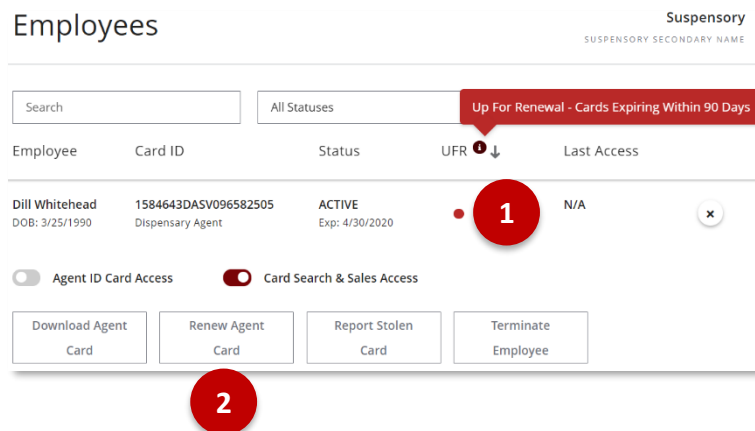
Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

- Action Required & Notifications
- **Renew Agent Card**
- Report Lost / Stolen
- Terminate Employee
- Edit Agent Card

Renew Agent Card

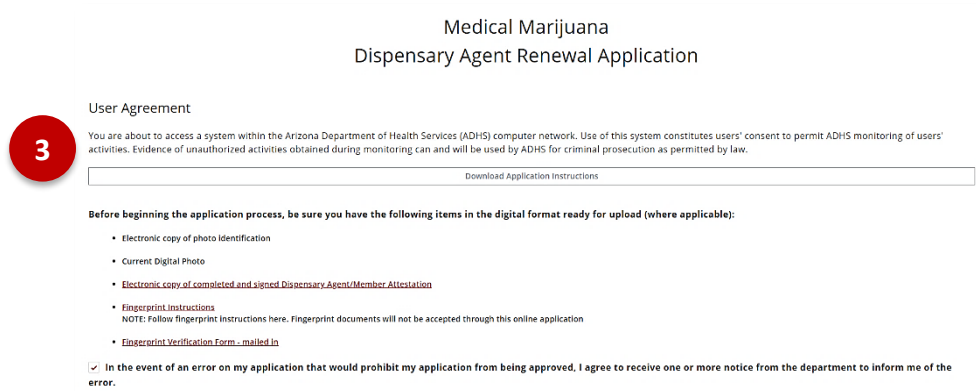
(Function available within 90 days of card expiration date)

1. See notification/warning in the Employees Tab
2. To access Renewal Application
 - a. Click  or
 - b. Click **Renew Agent Card** button



The screenshot shows the 'Employees' tab with a search bar and a filter dropdown set to 'All Statuses'. A red banner at the top right indicates 'Up For Renewal - Cards Expiring Within 90 Days'. Below this is a table with columns: Employee, Card ID, Status, UFR, and Last Access. The first row shows 'Dill Whitehead' with Card ID '1584643DASV096582505', Status 'ACTIVE', and an expiration date of '4/30/2020'. A red circle with the number '1' is placed over the UFR column for this row. Below the table are two toggle switches: 'Agent ID Card Access' (off) and 'Card Search & Sales Access' (on). At the bottom are four buttons: 'Download Agent Card', 'Renew Agent Card' (highlighted with a red circle and the number '2'), 'Report Stolen Card', and 'Terminate Employee'.

13. Review User Agreement and instructions



The screenshot shows the 'Medical Marijuana Dispensary Agent Renewal Application' page. The 'User Agreement' section is highlighted with a red circle and the number '3'. The text states: 'You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.' Below this is a link to 'Download Application Instructions'. A section titled 'Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):' lists several requirements: 'Electronic copy of photo identification', 'Current Digital Photo', 'Electronic copy of completed and signed Dispensary Agent/Member Attestation', 'Fingerprint instructions' (with a note to follow instructions here), and 'Fingerprint Verification Form - mailed in'. At the bottom, there is a checkbox for 'In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.'

14. Review Application agreement

15. Click **Agree and Proceed**

By submitting this application I am acknowledging that I am aware that:

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A registry identification card or registration certificate issued by the Arizona Department of Health Services ("ADHS") pursuant to the Arizona Medical Marijuana Act ("Act"), Arizona Revised Statutes ("A.R.S.") Title 36, Chapter 28.1 and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

4

I understand that while I may lawfully work in a licensed "medical" marijuana facility under state law, it is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

(see A.R.S. 36-2806(D)):

A dispensary or laboratory agent is prohibited from acquiring, possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying or dispensing "medical" marijuana except as allowable under state law. It is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

5

Agree and Proceed

16. Review Statute references

17. Click **I Agree** to proceed

By submitting this application, I am acknowledging that I am aware of the following:

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, dispensing, use, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Arizona Medical Marijuana Act (AMMA) Disclaimer:

I am aware that there are numerous legal challenges to the Arizona Medical Marijuana Act (AMMA). If the AMMA were ever to be overturned, there are no refunds for this application fee.

6

I Disagree

I Agree

7

18. Application will be prepopulated with information from the prior DA application. Review and update the information where necessary. Process application following the same guidance and rules as the original application for the agent.

NOTE: Address of DA cannot be the address of the dispensary

19. Click **Save & Continue** to proceed with application submittal

The screenshot shows the 'Medical Marijuana Dispensary Agent Renewal Application' form. At the top, a progress bar indicates three steps: 'DISPENSARY INFORMATION' (active), 'UPLOAD DOCUMENTS', and 'REVIEW & SUBMIT'. Below the progress bar, the title 'Dispensary Agent Information' is displayed. A red circle with the number '8' is overlaid on the left side of the form. The form is divided into two main sections: 'Identification Information' and 'Contact Information'. The 'Identification Information' section includes fields for First Name (Dill), Middle Name, Last Name (Whitehead), Suffix, Date of Birth (Mar 25, 1990), Gender (Male), ID Type (Driver License), ID Number (D777777777), Issuing State (AZ), and Issue Date (Mar 4, 2020). The 'Contact Information' section includes fields for Address (2 S 35th Ave), Suite, Unit, etc., City (Phoenix), State (AZ), Zip Code (85009), and Phone Number (8881234567). A checkbox labeled 'Check if mailing address is different than residence address' is present. At the bottom right, there are two buttons: 'Save & Exit' and 'Save & Continue'. A red circle with the number '9' is overlaid on the bottom right corner of the form.

20. Upload required documents

NOTE: picture must be recent photo, within past 60 days

The screenshot shows the 'Medical Marijuana Dispensary Agent Renewal Application' form. At the top, a progress bar indicates three steps: 'DISPENSARY INFORMATION', 'UPLOAD DOCUMENTS' (active), and 'REVIEW & SUBMIT'. Below the progress bar, the title 'Upload Supporting Documentation' is displayed. The form is divided into three main sections: 'Electronic copy of photo identification', 'Current Digital Photo', and 'Electronic copy of completed and signed Dispensary Agent/Member Attestation'. Each section has a 'Files uploaded:' list and buttons for 'Upload Files', 'Or drop files', and 'Remove All'. The 'Electronic copy of photo identification' section shows a file named 'DRV_Lic_D-Whitehead.png'. The 'Current Digital Photo' section shows a file named 'Cardholder_Image22.JPG'. The 'Electronic copy of completed and signed Dispensary Agent/Member Attestation' section shows a file named 'dispensary-agent-member-attestation-form_3-2020_update.pdf'. At the bottom, there are three buttons: 'Back', 'Save & Exit', and 'Save & Continue'.

21. After uploading a current digital photo in an application on the upload page, the cropping pop-up will appear

d. Use the slider to zoom in/out of the photo

e. Use cursor to move the photo within the box

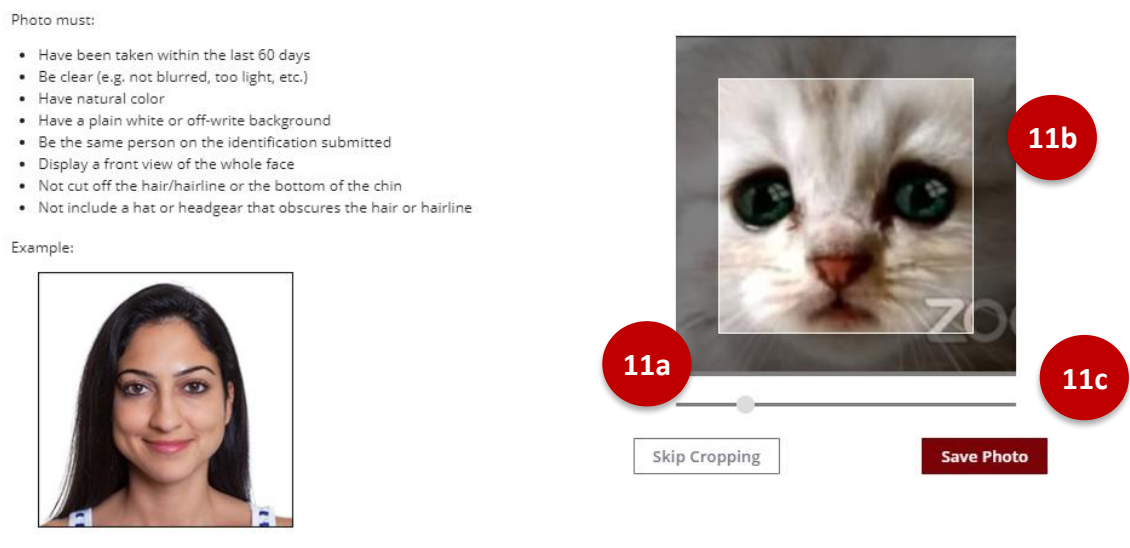
NOTE: Be sure to adhere to the photo guides noted on the pop-up

f. Select **Save Photo** to save the cropped image to the application or select **Skip Cropping** to save the uncropped version of the photo

Photo must:

- Have been taken within the last 60 days
- Be clear (e.g. not blurred, too light, etc.)
- Have natural color
- Have a plain white or off-white background
- Be the same person on the identification submitted
- Display a front view of the whole face
- Not cut off the hair/hairline or the bottom of the chin
- Not include a hat or headgear that obscures the hair or hairline

Example:



11a

11b

11c

Skip Cropping

Save Photo

22. Review application information

23. Click **Submit & Go to Payment** to proceed with application submittal

Medical Marijuana
Dispensary Agent Renewal Application

12

more than 1 row for assignment to SOject

REVIEW & SUBMIT

Review

Dispensary Agent Information

Identification Information

First Name Middle Name Last Name Suffix

DIII Whitehead

Birthdate 3/25/1990 Gender Male

Id Type Driver License Id Number D777777777

State AZ Issue Date 3/4/2020

Residence Information

Address 2535th Ave Suite, Unit, etc.

City Phoenix State AZ Zip Code 85009 Phone Number (888) 123-4567

13

☐ Check if mailing address is different than residence address

Back

Submit & Go to Payment

24. View application status in the **Application History** Tab

25. Select **Employee-Related Applications**

26. View Employees Tab and employee record to note the “UFR - Up for Renewal” indicator no longer displays

14

Application History

Suspensory
SUSPENSORY SECONDARY NAME

Search

Employee-Related Applicati

Records found: 19

Application Type

Applicant NameSubmitted ↓

Status

Renewal Dispensary
Agent Application

Dill Whitehead

5/1/2020

Submitted
5/1/2020

15

Employees

Suspensory
SUSPENSORY SECONDARY NAME

Search

All Statuses

Records found: 2

Employee

Card ID

Status

UFR ↓

Last Access

Dill
Whitehead
DOB: 3/25/1990

1584643DASV096582
505
Dispensary Agent

ACTIVE
Exp: 4/30/2020

N/A

☐ Agent ID Card Access

☒ Card Search & Sales Access

Download
Agent Card

Report
Stolen
Card

Terminate
Employee

Report Lost/Stolen Card

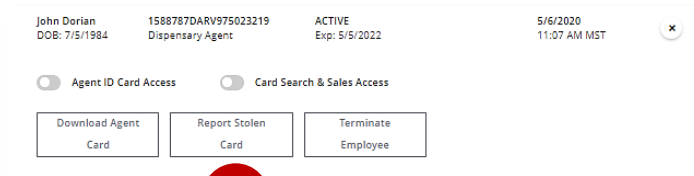
Access: Dispensary or Dual PO/BM

Overview: This application is used by cardholders to request a replacement card and ID number

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

- Action Required & Notifications
- Renew Agent Card
- **Report Stolen Card**
- Terminate Employee
- Edit Agent Card

1. For Dispensaries, click on **Report Stolen Card** button from employee functions



John Dorian
DOB: 7/5/1984

1588787DARV975023219
Dispensary Agent

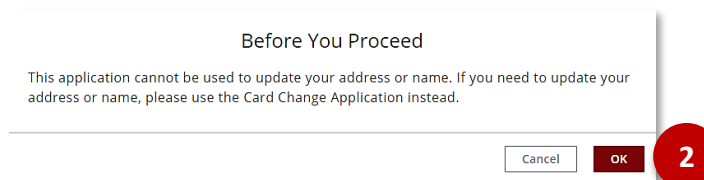
ACTIVE
Exp: 5/5/2022

5/6/2020
11:07 AM MST

☐ Agent ID Card Access ☐ Card Search & Sales Access

Download Agent Card Report Stolen Card Terminate Employee

2. Read and click **OK** to acknowledge the warning



Before You Proceed

This application cannot be used to update your address or name. If you need to update your address or name, please use the Card Change Application instead.

Cancel **OK**

3. Read and acknowledge user agreement, click **Agree and Proceed**

Medical Marijuana
Lost/Stolen Card Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Please note that local jurisdictions may impose additional fees and/or requirements for home cultivation. Please check with your local jurisdiction for any additional information.

To successfully complete and submit a lost/stolen application, the applicant must:

- Select card to be replaced based on card number, name, and date of birth
- Have ready a Visa or Mastercard for an application fee of \$10

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.

By submitting this application I am acknowledging that I am aware that:

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

I understand that while I may lawfully purchase, possess and use (for patients only) "medical" marijuana under state law, it is lawful only if done in strict compliance with the requirements of the Arizona Medical Marijuana Act ("AMMA"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Arizona Medical Marijuana Act ("AMMA"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Arizona Medical Marijuana Act ("AMMA"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17.

Agree and Proceed

4. Click the radio button to select the appropriate card to process as lost/stolen

NOTE: If additional assistance is needed, send a request to ADHS:

M2ProgramSupport@azdhs.gov

Medical Marijuana
Lost/Stolen Card Application

CARD SELECTION REVIEW & SUBMIT

Card Selection

Please select the card for replacement below. Only valid cards will appear below. If you need assistance please contact M2ProgramSupport@azdhs.gov.

Please note that you will be required to pay a \$10 fee.

Card ID	Card Type	Cardholder	Facility Name	Date of Birth
<input type="radio"/> 15905970ACG421151825	Dispensary Agent	Theresa McLary	Last Dance Dispensary	5/6/1990

Save & Exit Save & Continue

5. Review information for card selected

6. Click **Submit & Go to Payment** to proceed with application submittal

Medical Marijuana
Lost/Stolen Card Application

REVIEW & SUBMIT

Review

Lost/Stolen Card Information Edit Section

Card ID
1588787DARV975023219

Card Type
Dispensary Agent

Cardholder Name
John Dorian

After clicking the Submit button, you will no longer be able to edit the card selection and will navigate to the payment portal.

Save & Exit Submit & Go to Payment

7. Once ADHS has approved the application, view new card status ACTIVE

Application History				Suspensory SUSPENSORY SECONDARY NAME
<input type="text" value="Search"/>		Employee-Related Applications		Records found: 21
Application Type	Applicant Name	Submitted ↓	Status	
Replace Lost/Stolen Card Application	John Dorian	5/7/2020	Approved 5/7/2020	

8. Old card status VOID

NOTE: Employee card status: ACTIVE, prior to submitting the **Report Stolen Card** application

John Dorian DOB: 7/5/1984	1588837DAKC249154774 Dispensary Agent	ACTIVE Exp: 5/5/2022
	1588787DARV975023219 Dispensary Agent	VOID Exp: 5/5/2022
<input type="checkbox"/> Agent ID Card Access	<input type="checkbox"/> Card Search & Sales Access	
<button>Download Agent Card</button>	<button>Report Stolen Card</button>	<button>Terminate Employee</button>

Terminate Dispensary Agent Employee

Access: Dispensary PO/BM only

Overview: This section outlines how Dispensary PO/BMs terminate DA employees and their associated cards

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

- Action Required & Notifications
- Renew Agent Card
- Report Stolen Card
- **Terminate Employee**
- Edit Agent Card

1. Click on **Terminate Employee** button from employee functions (feature is only available to Dispensary Agent cards)

The screenshot shows a user management interface for John Dorian (DOB: 7/5/1984). It lists two dispensary agent cards: one with ID 1588837DAKC249154774 (ACTIVE, Exp: 5/5/2022) and another with ID 1588787DARV975023219 (VOID, Exp: 5/5/2022). Below the cards are two toggle switches for 'Agent ID Card Access' and 'Card Search & Sales Access'. At the bottom are three buttons: 'Download Agent Card', 'Report Stolen Card', and 'Terminate Employee'. The 'Terminate Employee' button is highlighted with a red circle containing the number 1.

2. Read and check boxes to acknowledge the two warnings
3. Click **Terminate** to process the employee termination and void their DA card

The screenshot shows a 'Void Card 1588837DAKC249154774?' dialog box. It displays the agent's name (John Dorian, DOB: 7/5/1984) and last access (N/A). Below this are two checkboxes, both of which are checked: 'I acknowledge I am initiating the termination of the selected agent.' and 'I acknowledge the reinstatement of this agent requires a new application and a \$500 fee.' At the bottom right are 'Cancel' and 'Terminate' buttons. The 'Terminate' button is highlighted with a red circle containing the number 3. A red circle with the number 2 is also present on the left side of the dialog.

4. View new card status for terminated employee: **VOID**

This screenshot is identical to the one in step 1, showing the employee management interface for John Dorian. However, the status of the card with ID 1588837DAKC249154774 has been updated from 'ACTIVE' to 'VOID'. A red circle with the number 4 highlights this change.

5. View email notification of employee termination from the Facility Licensing portal

NOTE: Email Subject: ADHS Facility Licensing Portal - Successful Termination of John Dorian

5



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

Hello Suspensory,

John Dorian with Card ID 1588837DAKC249154774 has been terminated from Suspensory as of 5/7/2020. During the termination process, acknowledgement was made that reinstating John Dorian requires a new application with a fee of \$500.

Thank you,
ADHS Licensing Team

EMPLOYEES (FACILITY AGENT)

Employees: General Tab Functions

Access: PO/BM only

Overview: The Employees tab allows the PO/BM of a Dual or Establishment access to manage and update Facility Agents linked to a facility

1. **Search Bar** - Search the list of Facility Agents linked to the facility
2. **Card Status Filter** – Select card status to filter the employee list (default to All Card Statuses)
3. **Link Status Filter** – Select link status to filter the employee list (default to All Link Statuses)
4. **Link Facility Agent Button** – Upon selecting, the link request form will display
5. **Status** – Card status
6. **Link Status** – Status of the link request (Pending or Approved)
7. **Link Active** – Check indicates the link is active and approved by both the Facility and FA
8. **Card Search and Sales Access** – toggle to allow access to FA Card Search & Sales
9. **Cancel Link Request Button** – Click to cancel a link request, only available if link status is pending
10. **Unlink Facility Agent Button** – Upon selecting, the unlink form will display
11. **Expand Button** – Click to expand the FA features menu, features will be based on link status

Employees

Rose Apothecary and Weed Emporium

1

2

3

4

5

6

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11

Search		All Card Statuses	All Link Statuses		Records found: 3	
Link Facility Agent						
Employee	Card ID	Status	Card Expires	Last Access	Link Status ↓	Link Active
Joe Test DOB: 1/1/1986	1606243FAWH835924451 Created: 11/24/2020	ACTIVE Exp: 11/23/2022	2022-11-23	N/A	Unlinked	
<input type="checkbox"/> Card Search & Sales Access						
test dual one DOB: 11/23/1989	1608233FAQD947948781 Created: 12/17/2020	ACTIVE Exp: 12/16/2022	2022-12-16	N/A	Pending	
<input type="checkbox"/> Card Search & Sales Access						
Cancel Link Request						
Mickey13 Meyer12 DOB: 11/2/2002	1606155FAUF974126624 Created: 11/23/2020	ACTIVE Exp: 11/17/2022	2022-11-17	N/A	Approved	
<input type="checkbox"/> Card Search & Sales Access						
Unlink Facility Agent						

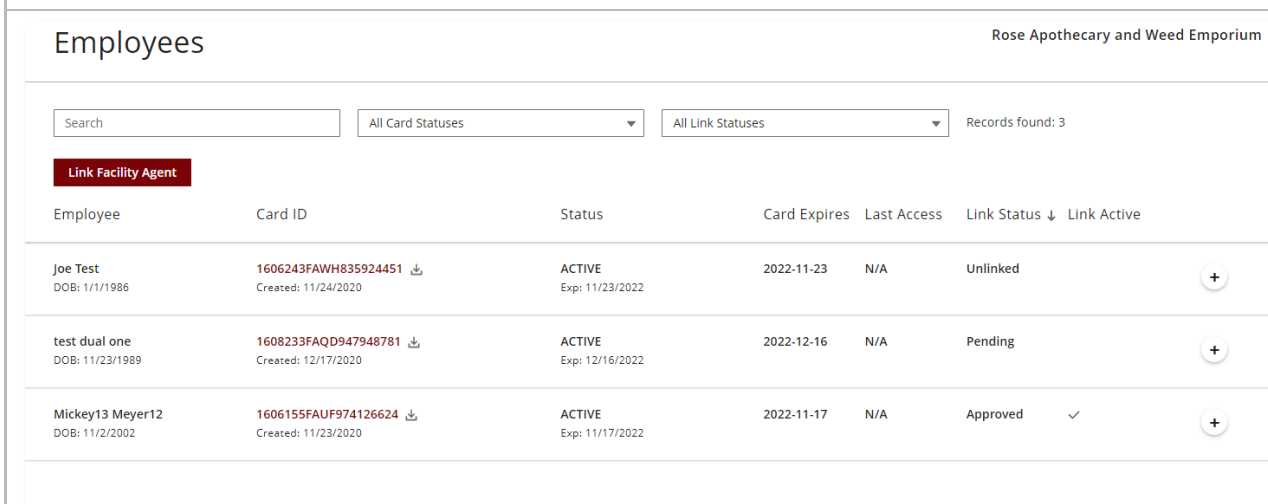
Employees: Linking & Unlinking Facility Agents

Access: PO/BM only

Overview: The Employees tab features the linking and unlinking of Facility Agents to the facility. This process requires both the FA and the Facility to confirm the link requests submitted by either party. This section outlines this process from the facility perspective.

LINKING A FACILITY AGENT FROM THE FACILITY PORTAL

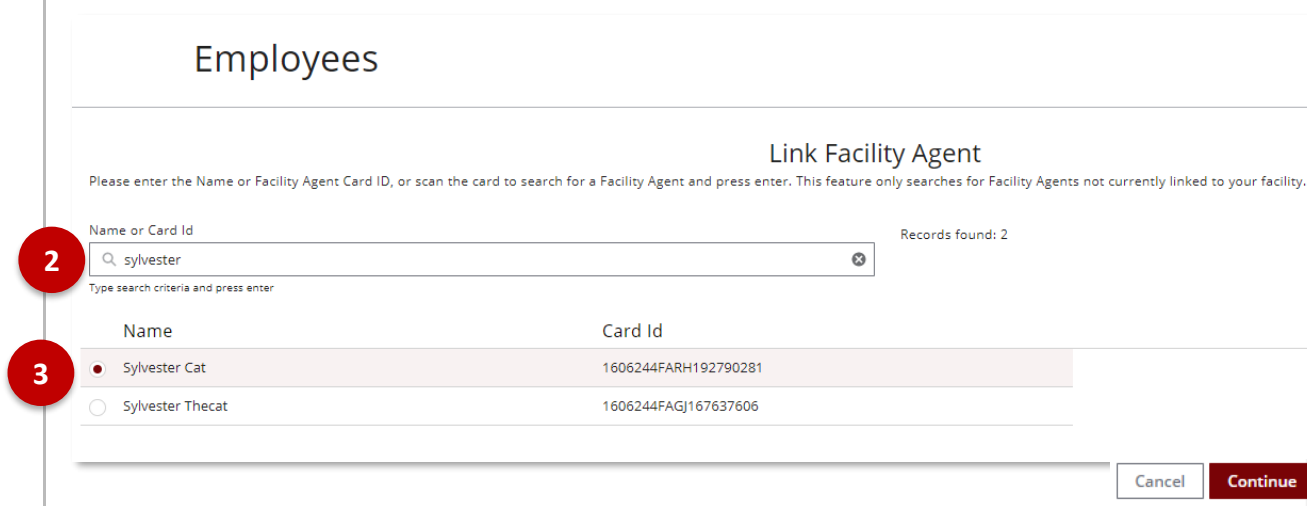
1. From the Employee tab, select the **Link Facility Agent** button



The screenshot shows the 'Employees' page for 'Rose Apothecary and Weed Emporium'. It features a search bar, dropdowns for 'All Card Statuses' and 'All Link Statuses', and a 'Records found: 3' indicator. A red 'Link Facility Agent' button is visible. Below is a table with columns: Employee, Card ID, Status, Card Expires, Last Access, Link Status, and Link Active. Three agents are listed: Joe Test (Unlinked), test dual one (Pending), and Mickey13 Meyer12 (Approved).

Employee	Card ID	Status	Card Expires	Last Access	Link Status	Link Active
Joe Test DOB: 1/1/1986	1606243FAWH835924451 Created: 11/24/2020	ACTIVE Exp: 11/23/2022	2022-11-23	N/A	Unlinked	<input type="radio"/>
test dual one DOB: 11/23/1989	1608233FAQD947948781 Created: 12/17/2020	ACTIVE Exp: 12/16/2022	2022-12-16	N/A	Pending	<input type="radio"/>
Mickey13 Meyer12 DOB: 11/2/2002	1606155FAUF974126624 Created: 11/23/2020	ACTIVE Exp: 11/17/2022	2022-11-17	N/A	Approved	<input checked="" type="radio"/>

2. The Link Facility Agent page will display a search bar, enter the Facility Agent's name or card ID number and press enter to initiate search
3. If one or more matches are found - results will display as a list, select the radio button located to the left of the Facility Agent to be linked and select **Continue** to proceed



The screenshot shows the 'Link Facility Agent' page. It has a search bar with 'sylvester' entered and a 'Records found: 2' indicator. Below the search bar is a table with two columns: Name and Card Id. Two results are shown: Sylvester Cat and Sylvester Thecat. The 'Sylvester Cat' result is selected with a radio button. At the bottom are 'Cancel' and 'Continue' buttons. Red circles with numbers 2 and 3 are overlaid on the search bar and the first result row, respectively.


Name	Card Id
<input checked="" type="radio"/> Sylvester Cat	1606244FARH192790281
<input type="radio"/> Sylvester Thecat	1606244FAGJ167637606

- Review the Agent details, check the acknowledgment and select **Submit** to complete the request

- Cancel** or **X** to return to the tab

NOTE: The request will need to be accepted by the Facility Agent for the link to be 'Approved' and 'Active'

UNLINKING A FACILITY AGENT FROM THE FACILITY PORTAL

- To begin the process to unlink a Facility Agent from the facility, on the **Employees FA** tab - select the  to expand the menu
- Select **Unlink Facility Agent** button located below the Facility Agent's name

- Confirm the agent details and check the acknowledgement and select **Submit**
 - Cancel** or **"X"** buttons to return to Employee FA tab

- After the unlink form is submitted, the facility agent link status will show as “Unlinked” and will no longer be associated to the facility
- The facility agent will be required to confirm the unlink
- Link Requests with either: “Declined”, “Unlinked”, “Canceled” status will show on the tab for 60 days

Link Status

Unlinked

Pending

Declined

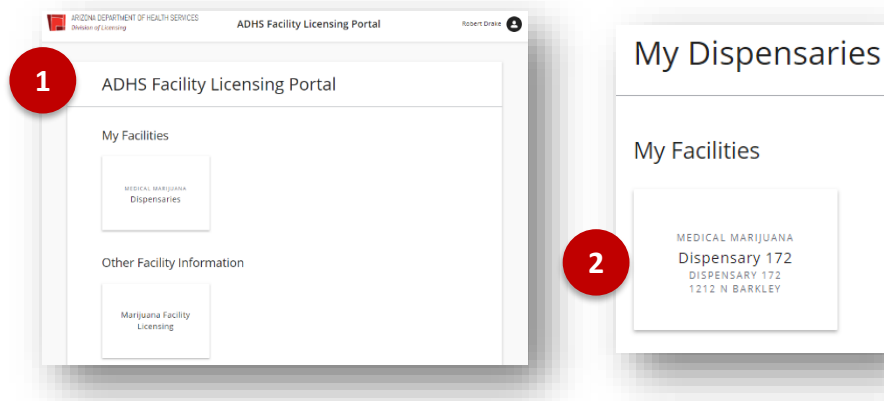
INSPECTIONS

Inspections Page Overview

Access: PO/BM only

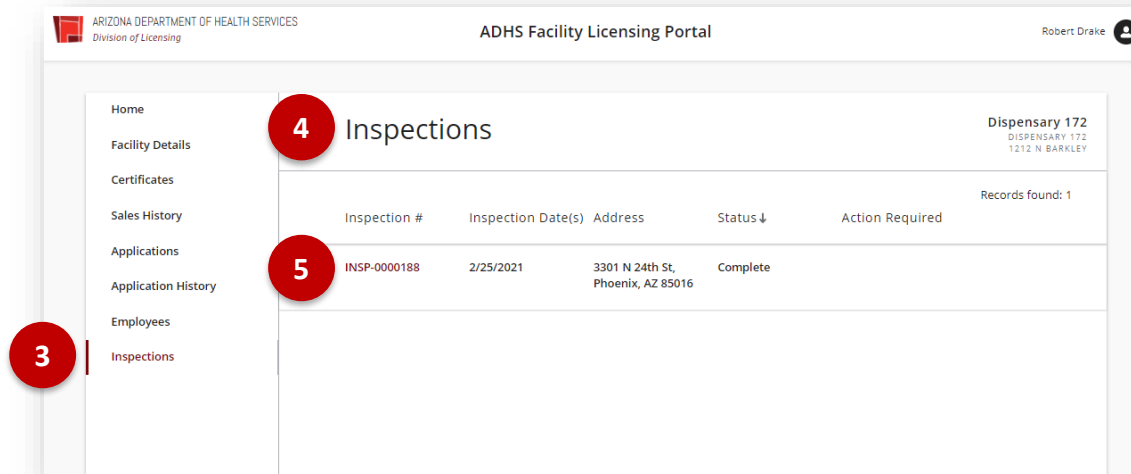
Overview: The Inspections tab appears in the Facility Licensing Portal. The Inspections page will show detailed information regarding facility inspections.

1. To access the Inspections page, log in to the **Facility Licensing Portal**
2. Click on appropriate **facility tile** to access the details



3. Click **Inspection** tab
4. Inspections page will appear and previous inspections will be displayed
5. Click on the **Inspection Number** to view more information regarding that specific inspection

NOTE: Inspections will appear on this page



6. The **Inspection Detail** page will appear
7. Information can be found on this page regarding inspection details and deficiencies that occurred because of the inspection

NOTE: See **Statement of Deficiency** section for information on how to respond; if there are no deficiencies, no items will be shown

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Licensing

ADHS Facility Licensing Portal

Robert Drake

Home
Facility Details
Certificates
Sales History
Applications
Application History
Employees
Inspections

6 Inspection Detail

Dispensary 172

Inspection # INSP-0000188	Inspection Date(s) 2/25/2021	Status Complete	Address 3301 N 24th St. Phoenix, AZ 85016
------------------------------	---------------------------------	--------------------	---

Statement of Deficiency The following deficiencies were found during the inspection held on Feb 25, 2021	Plan of Correction (Due by)
	Actions Attachment(s)

7

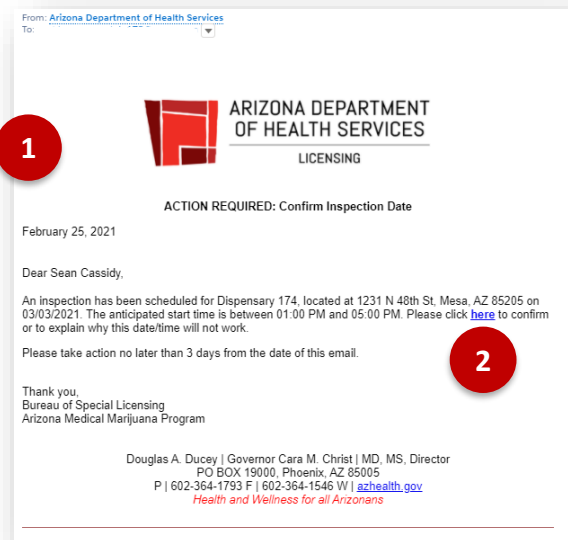
Back Submit

Inspections Scheduling

Access: PO/BM only

Overview: Inspections will occur as a result of submitting a variety of different applications and Program requirements. If an inspection is unannounced, the facility will not receive notice. If the inspection is announced, the facility will receive a notification and can confirm or reject the scheduled inspection.

1. If an announced inspection is scheduled for your facility, you will receive an email notice asking to **Confirm Inspection Date**
2. Click the **link** to navigate to the inspection confirmation page



3. The **Confirm Inspection** page will appear in a new tab
4. Click the **dropdown** to **Accept/Reject** the Inspection
5. If Reject is selected, type a **Rejection Explanation**
6. Click **Submit**, you will receive a message stating your selection has been confirmed
7. You will receive an email once the inspection is confirmed from ADHS

Confirm Inspection

Address
1231 N 48th St, Mesa, AZ 85205

Scheduled Date/Time
Date: 3/3/2021
Anticipated start time: 1:00 PM - 5:00 PM

* Accept/Reject Inspection
--None--

Submit

* Accept/Reject Inspection
Reject
Accept
✓ Reject

Confirm Inspection

Address
1231 N 48th St, Mesa, AZ 85205

Scheduled Date/Time
Date: 3/3/2021
Anticipated start time: 1:00 PM - 5:00 PM

* Accept/Reject Inspection
Reject

* Rejection Explanation

Submit

Inspection Records

Access: PO/BM only

Overview: All PO/BMs related to a facility will be able to view, edit, and access Inspection records related to that specific facility. The Inspection records will show a three-year history. All PO/BMs will also receive notifications related to any inspections at facilities they are associated with.

1. To view inspection records, navigate to the **Facility Licensing Portal**
2. Click the **Inspections** tab
3. View all Inspections related to the selected facility

NOTE: Inspection records will appear on the Inspections page if they are set to the status of Statement of Deficiency (SOD), Plan of Correction (POC), Informal Dispute Resolution (IDR), Complete, or Enforcement

4. Click on an **Inspection Number** to open a specific inspection

The screenshot displays the ADHS Facility Licensing Portal interface. At the top, the header includes the Arizona Department of Health Services logo, the text 'ADHS Facility Licensing Portal', and a user profile for Robert Drake. A left sidebar contains navigation links: Home, Facility Details, Certificates, Sales History, Applications, Application History, Employees, and Inspections. The main content area is titled 'Inspections' and shows details for 'Dispensary 172' at '1212 N BARKLEY'. A table lists inspection records with columns for Inspection #, Inspection Date(s), Address, Status, and Action Required. Two records are shown: one with status 'POC' and another with status 'Complete'. Red circles with numbers 1 through 4 are overlaid on the image to indicate specific steps: 1 points to the portal header, 2 points to the 'Inspections' tab in the sidebar, 3 points to the 'Inspections' page title, and 4 points to an inspection record in the table.

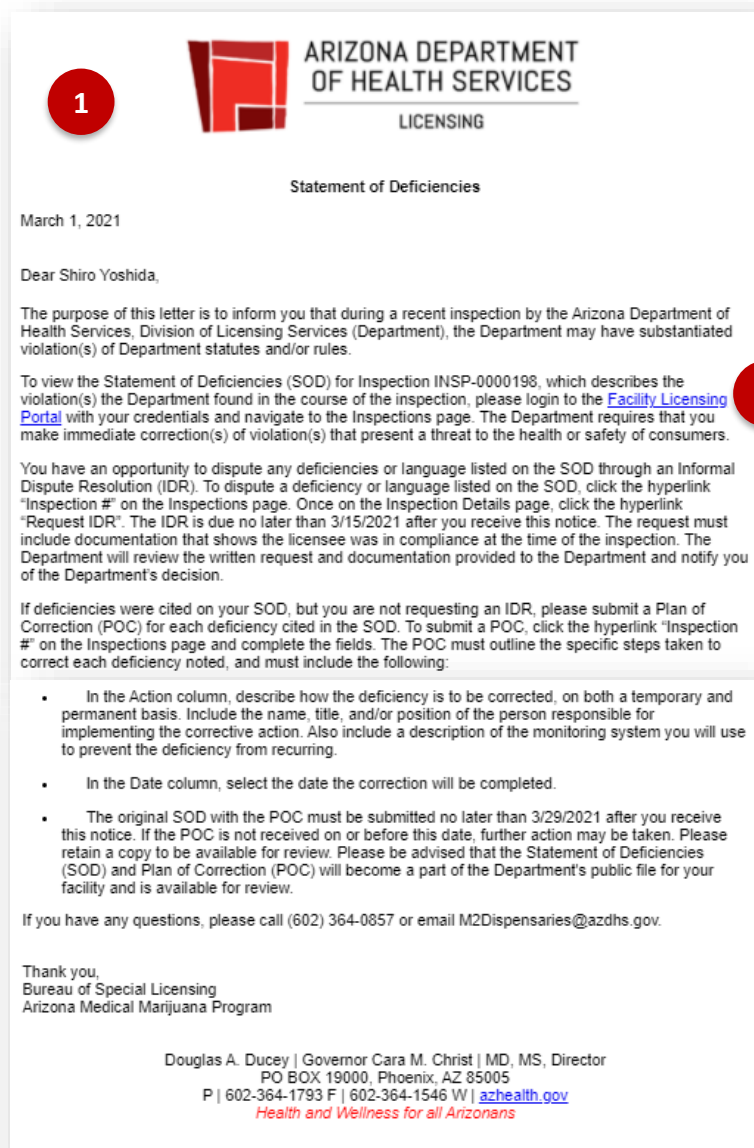
Inspection #	Inspection Date(s)	Address	Status ↓	Action Required
INSP-0000192	3/2/2021	1212 N Barkley, Mesa, AZ 85203	POC	Submit a POC by 3/16/2021
INSP-0000188	2/25/2021	3301 N 24th St, Phoenix, AZ 85016	Complete	

Statement of Deficiency (SOD) and Plan of Correction (POC)

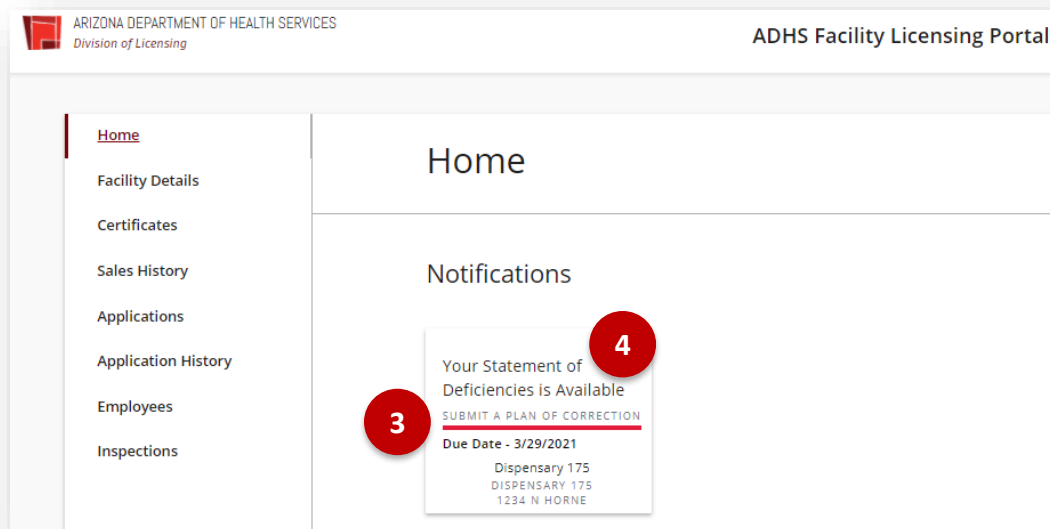
Access: PO/BM only

Overview: After an inspection has been conducted, items within the facility may be found to be deficient according to the Department's rules and statutes. If this occurs, a Statement of Deficiency (SOD) will be issued to the facility.

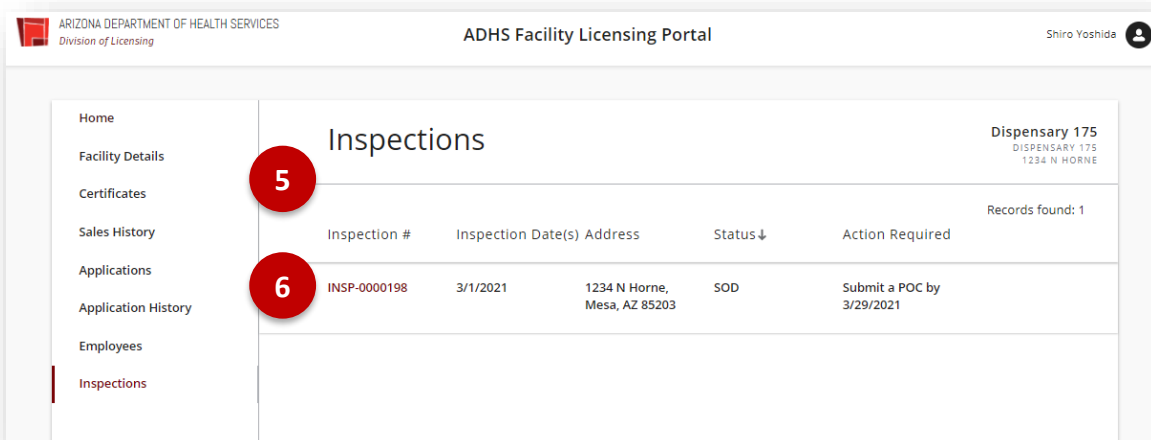
1. An email notification will be sent to the designated facility email address stating that the **SOD is available in the Portal**
2. Click the **Facility Licensing Portal** link in the email to login and view more information related to the SOD




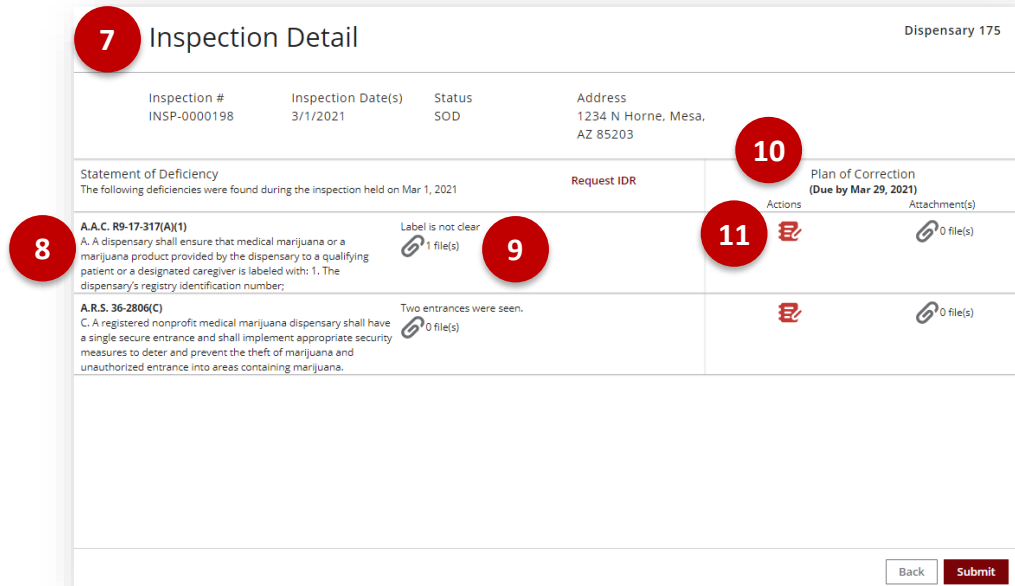
- Once logged into the Facility Licensing Portal, the **SOD notification tile** will appear on the Home page
NOTE: The SOD tile will show the due date for the Plan of Correction (POC)
- Click the **SOD tile** to be directed to the Inspections page



- The Inspections page will appear with the Inspection Number listed as a line item
- In the Inspection # column, click the **Inspection Number** link to open the Inspection Detail page
NOTE: The status of the inspection will be listed as SOD and the Action Required column will show the appropriate action needed



7. The **Inspection Detail** page will appear and will list out the Statement of Deficiency items related to the application
8. View the specific statute that was not compliant in the first column
9. View the comments and attached photos (if applicable) in the second column
10. View the **Plan of Correction** section
11. Click on the **notebook icon**  to open the Plan of Correction Action page for each item



7 Inspection Detail Dispensary 175

Inspection #	Inspection Date(s)	Status	Address
INSP-0000198	3/1/2021	SOD	1234 N Horne, Mesa, AZ 85203

Statement of Deficiency The following deficiencies were found during the inspection held on Mar 1, 2021	Request IDR	Plan of Correction (Due by Mar 29, 2021)
	Actions	Attachment(s)
8 A.A.C. R9-17-317(A)(1) A. A dispensary shall ensure that medical marijuana or a marijuana product provided by the dispensary to a qualifying patient or a designated caregiver is labeled with: 1. The dispensary's registry identification number;	9 Label is not clear 1 file(s)	10 11 0 file(s)
A.R.S. 36-2806(C) C. A registered nonprofit medical marijuana dispensary shall have a single secure entrance and shall implement appropriate security measures to deter and prevent the theft of marijuana and unauthorized entrance into areas containing marijuana.	Two entrances were seen. 0 file(s)	0 file(s)

12. The **Plan of Correction Action** form will appear
 13. Fill in the sections with the appropriate information regarding the action plan
- NOTE:** Items marked with * are required
14. Once complete, click **Save**



12 Inspection Detail X

Plan of Correction Action

A.A.C. R9-17-317(A)(1)

* Name, title and/or Position of the Person Responsible

Temporary Solution

Date temporary correction was complete

* Permanent Solution

* Date permanent correction will be complete (Cannot be in the past)

* Monitoring

14

15. Once the Plan of Correction Action plan has been added, the notebook icon will change from **red** to **gray**, showing that the action is complete
16. Click the **paper clip icon** to add any supporting files
17. The **POC Attachments** upload pop-up will appear
18. Click **Upload Files** to upload any supporting files
19. Click **OK** to save and attach files
20. Repeat the same process to complete any additional Plan of Correction actions that are needed
21. Once all actions have been completed for each line item, click **Submit** to send the POC to ADHS for processing

Inspection Detail Dispensary 175

Inspection #	Inspection Date(s)	Status	Address
INSP-0000198	3/1/2021	SOD	1234 N Horne, Mesa, AZ 85203

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 1, 2021

A.A.C. R9-17-317(A)(1)
A. A dispensary shall ensure that medical marijuana or a marijuana product provided by the dispensary to a qualifying patient or a designated caregiver is labeled with: 1. The dispensary's registry identification number;

Label is not clear 1 file(s)

Plan of Correction (Due by Mar 29, 2021)

Actions **Attachment(s)**

15 **16** 0 file(s)

A.R.S. 36-2806(C)
C. A registered nonprofit medical marijuana dispensary shall have a single secure entrance and shall implement appropriate security measures to deter and prevent the theft of marijuana and unauthorized entrance into areas containing marijuana.

Two entrances were seen. 0 file(s)

18 **19** 0 file(s)

21 **Submit**

POC Attachments Request IDR

A.A.C. R9-17-317(A)(1)
Attachment(s)

17 **Upload Files** **Or drop files**

19 **Cancel** **OK**

22. A message will appear stating that the **POC has successfully been submitted**
 23. ADHS will review the POC, if it is accepted, an email notification will be sent to the designated facility email address stating: **Plan of Correction Accepted** – this email signifies the inspection is complete and no further action is required
- NOTE:** If the POC was rejected, continue to next section

ADHS Facility Licensing Portal

22 Thank you. Your POC has been submitted. **Back to Portal**

23 **ARIZONA DEPARTMENT OF HEALTH SERVICES**
LICENSING

Plan of Correction Accepted

March 2, 2021

Dear Shiro Yoshida,

Your Plan of Correction (POC), submitted in response to the deficiencies noted during the compliance inspection that occurred on 3/1/2021 12:00 PM, has been reviewed and has been accepted by the Program. No further action is required.

If you have questions or need additional information, please contact your surveyor at the Department at (602) 364-0857 or via e-mail at m2dispensaries@azdhs.gov.

Thank you,
Bureau of Special Licensing
Arizona Medical Marijuana Program

Douglas A. Ducey | Governor Cara M. Christ | MD, MS, Director
PO BOX 19000, Phoenix, AZ 85005
P | 602-364-1793 F | 602-364-1546 W | azhealth.gov
Health and Wellness for all Arizonans

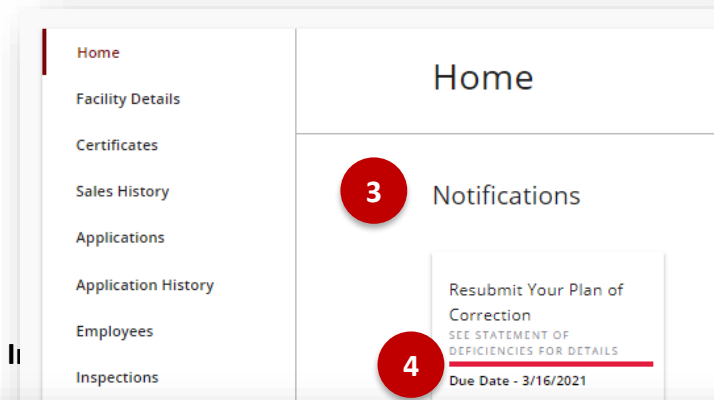
Access: PO/BM only

Overview: If a POC is submitted and is

1. If the POC was rejected, an email will be sent stating **Action Required: Resubmit Plan of Correction**
2. Click on the **Facility Licensing Portal** link to login to the portal



3. Once in the facility licensing portal, the **Resubmit Your Plan of Correction** tile will appear on the Home page
4. Click the **Resubmit Your Plan of Correction** tile



5. Click on the **Inspections** link in the sidebar

Home	Inspections					Dispensary 172 DISPENSARY 172 1212 N BARKLEY
Facility Details						Records found: 2
Certificates						
Sales History						
Applications						
Application History						
Employees						
Inspections						
	Inspection #	Inspection Date(s)	Address	Status ↓	Action Required	
	INSP-0000192	3/2/2021	1212 N Barkley, Mesa, AZ 85203	SOD	Submit a POC by 3/16/2021	
	INSP-0000188	2/25/2021	3301 N 24th St, Phoenix, AZ 85016	Complete		

6. Deficiencies that have been rejected will show **POC Rejected** in red coloring
7. Click the **notebook icon** to open the Plan of Correction Action pop out and view the rejection reason
8. On the **Plan of Correction Action form** view the rejected reason on the top in red coloring
NOTE: The text from the initial POC will be pre-populated
9. Enter additional information for a new POC Action item and fill in the new permanent solution date, once complete click **Save**
NOTE: The notebook icon will turn gray once the POC has successfully been updated
10. Repeat the process for any additional Rejected POC items
11. Once all necessary items have been modified, click **Submit**
12. A message will appear stating that the **POC has successfully been submitted**
NOTE: Once the POC has been accepted, you will receive email notice from ADHS

Inspection Detail Dispensary 172

Inspection #	Inspection Date(s)	Status	Address
INSP-0000192	3/2/2021	SOD	1212 N Barkley, Mesa, AZ 85203

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021.

POC Rejected (6)
A.R.S. 36-2806(G)
G. A nonprofit medical marijuana dispensary shall not allow any person to consume marijuana on the property of the nonprofit medical marijuana dispensary.

Marijuana was being consumed. (7)

Plan of Correction (Due by Mar 16, 2021)

Actions: [Notebook icon] (7)

Attachment(s): [File icon]

10

11

Back Submit

Thank you. Your POC has been submitted. (12)

Back to Portal

ADHS Facility Licensing Portal

Plan of Correction Action

A.R.S. 36-2806(G) (8)
Additional security action needs to be taken.

* Name, title and/or Position of the Person Responsible

PO/BM

Temporary Solution

Date temporary correction was complete

* Permanent Solution

We will not allow for customers to consume marijuana on premise.

* Date permanent correction will be complete (Cannot be in the past)

* Monitoring

We will have security guards continuously monitoring this to ensure marijuana is not being consumed on the property.

9

Cancel Save

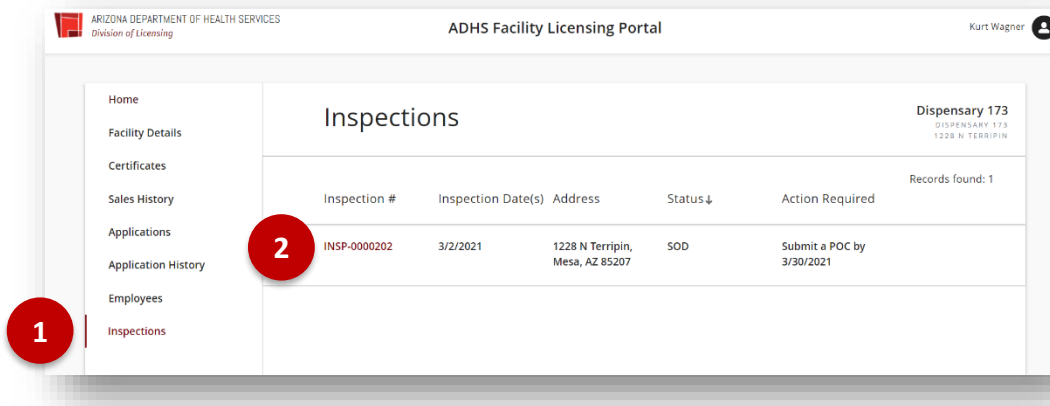
Informal Dispute Resolution (IDR)

Access: PO/BM Only

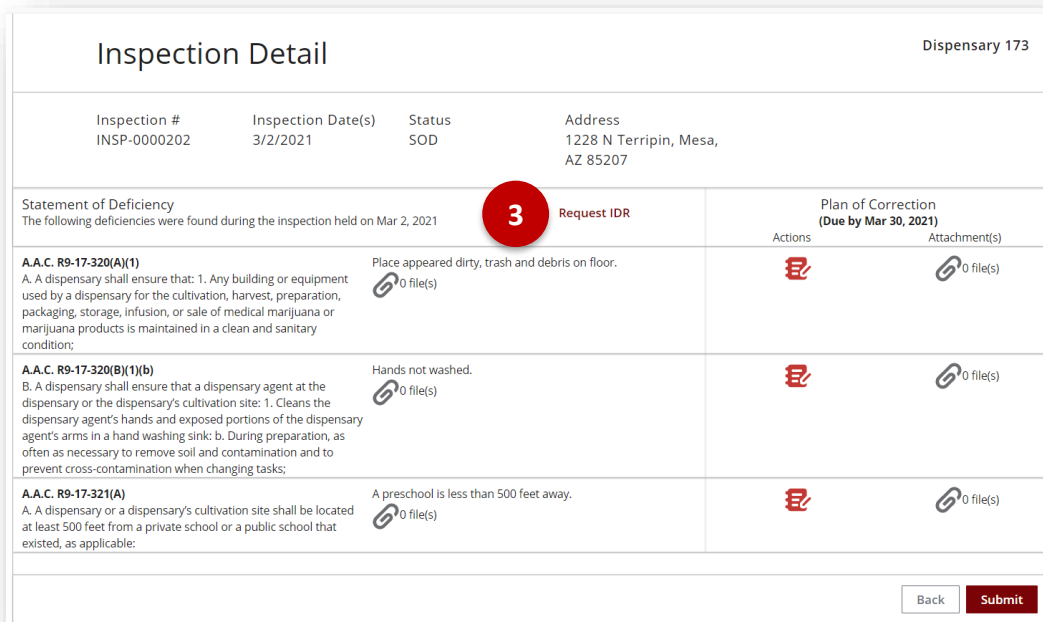
Overview: An Informal Dispute Resolution (IDR) can be requested after a Statement of Deficiency (SOD) has been sent to the PO/BM following an inspection. To dispute a deficiency

listed on the SOD, a PO/BM can request an IDR. An IDR cannot be submitted when the inspection occurs from an application.

1. To submit an IDR, click the **Inspections tab** in the Facility Licensing Portal
2. Click on the **Inspection Number** to open the inspection



3. Click **Request IDR**



4. The guidelines pertaining to an IDR appear on the screen
5. The **Cancel IDR** link replaces the Request IDR link
NOTE: To cancel the IDR request, click **Cancel IDR**
6. The POC table is hidden and the IDR table replaces the POC information

- Click the **notebook icon** for any deficiency you would like to dispute

NOTE: You may dispute one item, or all items listed; an IDR can only be requested once and cannot be requested if a POC has already been submitted

Inspection Detail		Dispensary 173	
Inspection # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terripin, Mesa, AZ 85207
4 Statement of Deficiency The following deficiencies were found during the inspection held on Mar 2, 2021 An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting		5 Cancel IDR	
6 Informal Dispute Resolution (Due by Mar 16, 2021)		Reason	Attachment(s)
7 A.A.C. R9-17-320(A)(1) A. A dispensary shall ensure that: 1. Any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of medical marijuana or marijuana products is maintained in a clean and sanitary condition; Place appeared dirty, trash and debris on floor. 0 file(s)			0 file(s)
A.A.C. R9-17-320(B)(1)(b) B. A dispensary shall ensure that a dispensary agent at the dispensary or the dispensary's cultivation site: 1. Cleans the dispensary agent's hands and exposed portions of the dispensary agent's arms in a hand washing sink; b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; Hands not washed. 0 file(s)			0 file(s)
A.A.C. R9-17-321(A) A. A dispensary or a dispensary's cultivation site shall be located at least 500 feet from a private school or a public school that existed, as applicable: A preschool is less than 500 feet away. 0 file(s)			0 file(s)
<div>Back Submit</div>			

- Type **reason for IDR** in the IDR Reason pop-up

NOTE: Prior to submitting the IDR, you must enter a reason for each item being disputed

- Click **OK**

8 IDR Reason

A.A.C. R9-17-320(A)(1)
Enter Reason for IDR

9

Cancel OK

- The **notebook icon** will turn gray once a reason for IDR has been entered

- Click the **paperclip icon** to add any necessary files

- Repeat the steps if additional deficiencies are being disputed

13. Once all relevant disputed reasons and files have been added, click **Submit**

Inspection Detail

Dispensary 173

Inspection # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terripin, Mesa, AZ 85207
------------------------------	--------------------------------	---------------	---

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021
An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting

Cancel IDR

Informal Dispute Resolution
(Due by Mar 16, 2021)

Reason	Attachment(s)
<div><div>10</div><div>A.A.C. R9-17-320(A)(1) A. A dispensary shall ensure that: 1. Any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of medical marijuana or marijuana products is maintained in a clean and sanitary condition;</div><div>Place appeared dirty, trash and debris on floor. 0 file(s)</div></div>	<div><div>11</div><div></div><div>0 file(s)</div></div>
<div><div>12</div><div>A.A.C. R9-17-320(B)(1)(b) B. A dispensary shall ensure that a dispensary agent at the dispensary or the dispensary's cultivation site: 1. Cleans the dispensary agent's hands and exposed portions of the dispensary agent's arms in a hand washing sink: b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;</div><div>Hands not washed. 0 file(s)</div></div>	<div><div></div><div></div><div>0 file(s)</div></div>
<div><div></div><div>A.A.C. R9-17-321(A) A. A dispensary or a dispensary's cultivation site shall be located at least 500 feet from a private school or a public school that existed, as applicable:</div><div>A preschool is less than 500 feet away. 0 file(s)</div></div>	<div><div></div><div></div><div>0 file(s)</div></div>

Back

Submit

14. A message will appear stating that the **IDR has successfully been submitted**

NOTE: Once the IDR has been accepted or rejected, you will receive email notice from ADHS

ADHS Facility Licensing Portal

14

Thank you. Your IDR has been submitted.

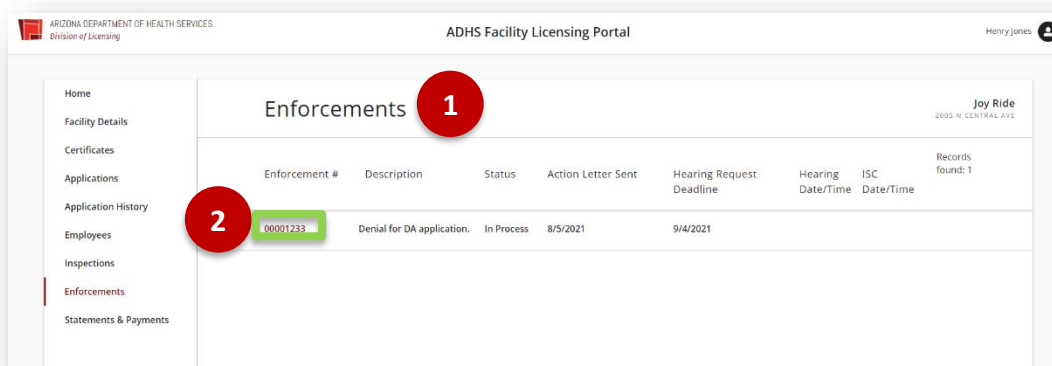
Back to Portal

ENFORCEMENTS

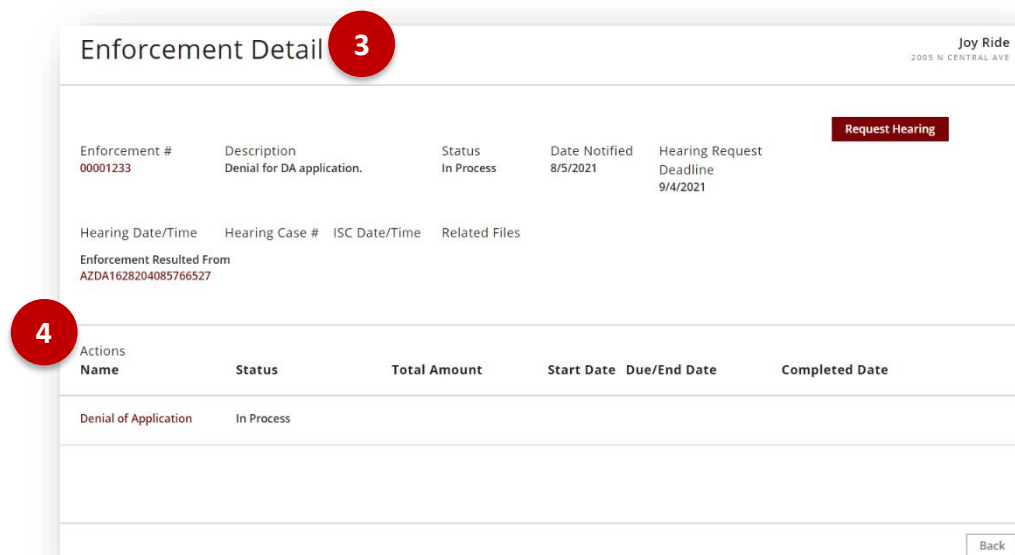
Enforcements Page

Enforcements are managed from the Enforcements tab within the Facility Licensing Portal. Prior to viewing an enforcement, login to the Facility Licensing Portal and navigate to the associated facility. PO/BMs can view enforcements related to both Dispensary Agents and their facility licenses in their associated Facility Portal.

1. The **Enforcements** page will appear with a list of all related enforcements
2. To view more information regarding a specific enforcement, click the **Enforcement # link** to open the **Enforcement Detail** page



3. The **Enforcement Detail** page appears with information related to the enforcement – view the details and the related Actions
4. Click on the **Action link** to view the Action Detail page



5. View the **Action Detail** page – Related Files will appear if applicable
6. Click **Back** to return to previous pages

5 Action Detail Joy Ride
2005 N CENTRAL AVE

Name	Status	Completed Date	Related Files
Denial of Application	In Process		

6 [Back](#)

7. To dispute an enforcement, a hearing may be requested from the **Enforcement Detail** page
 8. Click **Request Hearing**
- NOTE:** Hearing must be requested by the date specified in the Hearing Request Deadline section

Enforcement Detail Joy Ride
2005 N CENTRAL AVE

Enforcement #	Description	Status	Date Notified	Hearing Request Deadline
00001233	Denial for DA application.	In Process	8/5/2021	9/4/2021

Hearing Date/Time Hearing Case # ISC Date/Time Related Files

Enforcement Resulted From
AZDA1628204085766527

Actions Name	Status	Total Amount	Start Date	Due/End Date	Completed Date
Denial of Application	In Process				

8 [Request Hearing](#)

9. The pop-out box will appear to **confirm the hearing request**
10. Select the **checkbox to also request an Informal Settlement Conference**
11. Click **Submit** to proceed

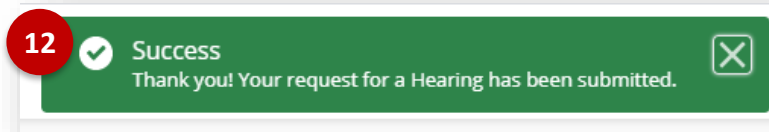
9 Request Hearing

Are you sure you want to request a Hearing?

10 ☐ Check this box to also request an Informal Settlement Conference (ISC)

[Cancel](#) [Submit](#) **11**

12. The **confirmation** will appear



13. If an ISC was not originally requested, it can be requested up to 20 days before the Hearing date

14. Once ADHS reviews the request and scheduled a Hearing Date/Time, the **Hearing Date/Time section** will be filled in

15. All additional enforcement information following the hearing can be viewed on the Enforcement page

Enforcement Detail

Joy Ride
2005 N CENTRAL AVE

12

Success
Thank you! Your request for a Hearing has been submitted.

13

Request ISC

Enforcement # 00001233	Description Denial for DA application.	Status In Process	Date Notified 8/5/2021	Hearing Request Deadline 9/4/2021
---------------------------	---	----------------------	---------------------------	---

14

Hearing Date/Time Hearing Case # ISC Date/Time Related Files

Enforcement Resulted From
AZDA1628204085766527

Actions					
Name	Status	Total Amount	Start Date	Due/End Date	Completed Date
Denial of Application	In Process				

Statements & Payments

Certain enforcements may result in a monetary fine. The related invoice can be found in the Statements & Payments tab of the Facility Licensing Portal.

1. To view Statements & Payments, navigate to the **Statements & Payments tab**
2. View information associated with the invoice and quickly pay an invoice by selecting a **radio button for the appropriate amount**
3. Click **Submit Payment** to send payment to ADHS
4. Click on the **Invoice #** to view additional details related to the invoice

Home
Facility Details
Certificates
Applications
Application History
Employees
Inspections
Enforcements
Statements & Payments

Statements & Payments

Joy Ride
2005 N CENTRAL AVE

Total Selected Payment
\$0.00
Submit Payment

Invoice #	Description	Status	Total	Balance	Invoice Date	Due
INV-000005	Related to Enforcement 00001234	Sent	\$2,000.00	\$2,000.00	12/01/2021	12/01/2021

Due in 26 Days

Select Payment Amount

☐ \$500.00 (Amount Due on 09/01/2021)
☐ \$2,000.00 (Balance)
☐ Other

5. The **Invoice Detail page** will appear with additional information related to the invoice
6. View the **Payment Schedules** in the lower portion
7. Pay an invoice by selecting the **radio button for the appropriate amount**

Invoice Detail

Invoice # INV-000005
Status Sent
Total \$2,000.00
Balance \$2,000.00
Due 12/01/2021
Selected Payment: \$0.00

Description Related to Enforcement 00001234

Payment Plan

Submit Payment

Payment Schedules:

Due Date	Status	Amount Due	Amount Remaining
09/01/2021	Due in 26 Days Not Paid	\$500.00	\$500.00
10/01/2021	Due in 56 Days Not Paid	\$500.00	\$500.00
11/01/2021	Due in 87 Days Not Paid	\$500.00	\$500.00
12/01/2021	Due in 117 Days Not Paid	\$500.00	\$500.00

Back

Select Payment Amount

☐ \$500.00 (Amount Due on 09/01/2021)
☐ \$2,000.00 (Balance)
☐ Other

8. Once a radio button is selected, the **Submit Payment** button will turn from grey to red and a payment can be submitted
9. If **Other** is selected, the amount can be typed into the field
10. Click **Submit Payment** to be directed to the checkout screen

Selected Payment: \$500.00

Select Payment Amount

☒ \$500.00 (Amount Due on 09/01/2021)

☐ \$2,000.00 (Balance)

☐ Other

8 **Submit Payment**

Selected Payment: \$1,000.00

Select Payment Amount

☐ \$500.00 (Amount Due on 09/01/2021)

☐ \$2,000.00 (Balance)

☒ Other

Enter Other Amount

9

Submit Payment

11. After the Submit Payment box is selected, the **Payment Amounts Selected** pop-out will appear, click **Next** to continue processing the payment
12. Enter **payment information** at the Checkout

Payment Amounts Selected

Invoice #	Amount
INV-000005	\$500.00

Total Amount: **\$500.00** **11**

12 **Payment Information**

CHECKOUT - PAYMENT INFORMATION

*First Name

*Last Name

*Billing Address

*City

*State

*Zip

*Email

*Phone Number

Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

13. Once the payment has been submitted, the paid amount will appear on the invoice as **Paid**
14. The **Balance** will reflect the outstanding balance that has not been paid on the invoice
15. The installment that has been Paid will move to the bottom and other payments will show by order of Due Date

Invoice Detail

Invoice #

INV-000005

Status

Partial

Total

\$2,000.00

14

Balance

\$1,500.00

Due

12/01/2021

Selected Payment: \$500.00

Select Payment Amount

☒ \$500.00 (Amount Due on 10/01/2021)
 ☐ \$1,500.00 (Balance)
 ☐ Other

Submit Payment

Description

Related to Enforcement

Payment Plan

00001234

Payment Schedules:

Due Date	Status	Amount Due	Amount Remaining
10/01/2021	Due in 56 Days	Not Paid	\$500.00
11/01/2021	Due in 87 Days	Not Paid	\$500.00
12/01/2021	Due in 117 Days	Not Paid	\$500.00
09/01/2021	<div>13</div> <div> Paid</div>	<div>Paid</div> <div>Payment Date</div> <div>08/06/2021</div>	<div>\$500.00</div> <div>Payment Amount</div> <div>\$500.00</div>

Back

FACILITY AGENT PORTAL FEATURES

Individual Portal - Facility Agent: FA Overview

Access: Facility Agent

This section details the process from applying for and managing a Facility Agent (FA) card within the ADHS website. The first section will outline the FA application and proceed to the facility agent portal functions.

Approved and active FA cards are required by anyone working at a Dual or Establishment facility. An FA Card must be linked to a licensed marijuana establishment for any legal protections as an establishment employee to apply.

Visit Individual Licensing Portal: [Click Here](#)

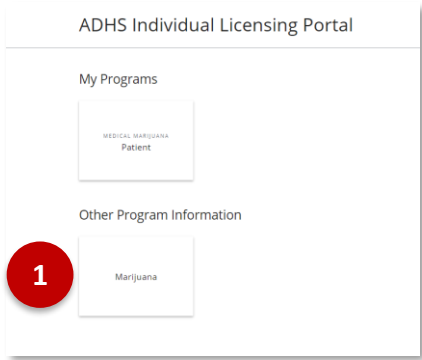
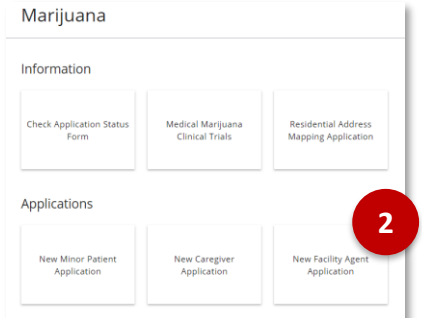
Application: Submit a Facility Agent Application

Access: Account holders

Overview: This application is used to apply for a Facility Agent card, which if approved, allows the user to work at an adult-use marijuana establishment. Getting a card does not guarantee employment. Employment decisions are made by the marijuana establishment and do not involve ADHS

Important: For additional application-related forms and documents, visit:

<https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#facility-agents>

<p>1. Upon logging into the Individual Licensing Portal, select the Marijuana tile under the Other Program Information section</p>	
<p>2. The main Marijuana page will display available applications, select the New Facility Agent Application tile to open the application</p>	

3. Agreement Page will be displayed – select **Agree and Proceed** button to proceed

**Marijuana
Facility Agent Registration Application**

User Agreement

This site allows access to a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes user's consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Download Application Checklist
Download Application Instructions

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):

- Electronic copy of photo identification
- Current digital photograph
- Electronic copy of completed and signed [Quality Assurance Statement](#)
- [Fingerprint Instructions](#)
- [Fingerprint Verification Form - subject to](#) or Electronic copy of Level 1 Fingerprint Clearance Card
- [Fingerprint Clearance Information](#)
- Have ready a Visa or Mastercard for an application fee of \$100.
- If using a Fingerprint Verification Form and card.
- If using a Fingerprint Clearance Card.

If in the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notices from the Department to inform me of the error.

By submitting this application I am acknowledging that I am aware that:

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A facility agent license or marijuana establishment license issued by the Arizona Department of Health Services (ADHS) pursuant to the Smart and Safe Arizona Act ("Act"), Arizona Revised Statutes ("A.R.S.") Title 36, Chapter 28.2 and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 18, does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

I understand that while I may lawfully work in a licensed marijuana facility under state law, it is lawful only if done in strict compliance with the requirements of the A.R.S., Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18, may result in the revocation of the facility agent license or marijuana establishment license issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18.

Pursuant to A.R.S. 41-1030B(1)(D)(3):

B. An agency shall not have a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state constitutional gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

C. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

3

Agree and Proceed

4. Acknowledgement pop will display
- I Disagree –return to Agreement Page**
- I Agree – proceed to application**

By submitting this application, I am
acknowledging that I am aware of the
following:

A facility agent license or marijuana establishment license issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.2 and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 18, does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, dispensing, use, possession, etc., of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing marijuana under state law is lawful only if done in strict compliance with the requirements of the Smart and Safe Arizona Act ("Act"), A.R.S. Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the facility agent license or marijuana establishment license issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, or distribution of marijuana.

Smart and Safe Arizona Act (SASAA) Disclaimer:

I am aware that there are numerous legal challenges to the Smart and Safe Arizona Act (SASAA). If the SASAA were ever to be overturned, there are no refunds for this application fee.

4

I Disagree **I Agree**

5. Enter all required Identification information
6. Fingerprint Information can be submitted in two types
 - a. Level 1 Fingerprint Clearance ID -- an ID card issued by the Arizona Department of Public Safety. It is the size of a credit card and does not include inked fingerprints - [more details](#)
 - b. Fingerprint Verification Forma & Card: this is the paper form and card that will need to be sent as hardcopy to ADHS
7. Select **"I consent to do business electronically"** checkbox to electronically sign

NOTE: if not checked, a copy of the signed attestation must be uploaded
8. Click **Save & Continue** to proceed with the application process
 - a. To exit the application process, click Save & Exit to save progress (which creates an application with a Not Submitted status) and return later to complete the application. The Not Submitted application link will be in the Application tab

**Marijuana
Facility Agent Registration Application**

FACILITY AGENT INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Facility Agent Information

Identification Information

First Name* Middle Name Last Name* Suffix

Complete this field.

Date of Birth* Gender*
Complete this field. None

ID Type* ID Number*
None None

Issuing State* Issue Date*
AZ Complete this field.

Fingerprint Information * Level 1 Fingerprint Clearance ID: By selecting this option I will provide an image of my Level 1 State of Arizona Fingerprint Clearance ID card on the next page of this application. Fingerprint Verification Form & Cards: By selecting this option I will complete the Marijuana Program Fingerprint Verification Form and mail in two copies of my fingerprint cards, processed by a state-approved Fingerprint Agency (see instructions).

None

Contact Information

Residential Address* Suite, Unit, etc.

City* State* Zip Code* County*
AZ None

Phone Number

Should there be any deficiencies with your application, ADHS may contact you to resolve the issue. Your phone number will remain confidential and will not be shared with any other entity or person.

☐ Check if mailing address is different than residence address

MARIJUANA PROGRAM FACILITY AGENT ATTESTATION

I, attest that:

- I have not been convicted on an excluded felony offense as defined in A.R.S. 36-2801;
 - Notice: A conviction remains an excluded felony offense under AMMA even if it has been set aside following completion of sentence. See *Parsons v. Ariz. Dept of Health Servs.*, 242 Ariz. 320, 395 P. 3d 709 (App. 2017).
- I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.

I consent to do business electronically ☒

Sign Here

Sign Clear

Save & Exit Save & Continue

9. Upload the required supporting documents, indicated by *

When dragging a file over, be sure to “drop” the file within the “dashed-outlined” box

10. Click **Done** after each upload
11. Click **Save & Continue** to proceed with the application process

Facility Agent Registration Application

9 Upload Supporting Documentation

Electronic copy of photo identification *

New Files uploaded:

- Facility Agent Identification *

Upload Files Or drag files Remove New Documents

Current digital photograph *

New Files uploaded:

- Cardholder Image-1 *

Upload Files Or drag files Remove New Documents

Electronic copy of completed and signed Facility Agent Attestation

New Files uploaded:

- Facility Agent Attestation-1 *

Upload Files Or drag files Remove New Documents

Electronic copy of Level 1 Fingerprint Clearance Card *

New Files uploaded:

- Fingerprint Clearance Card-1 *

Upload Files Or drag files Remove New Documents

Back Save & Exit Save & Continue

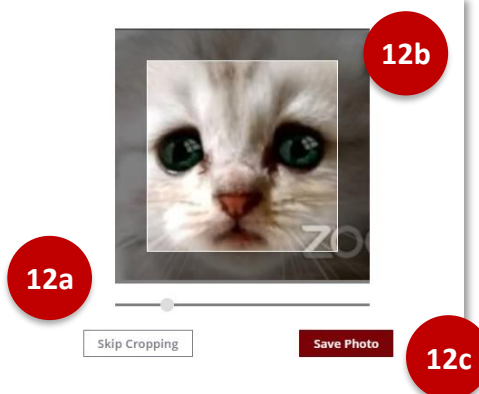
10

11

12. After uploading a current digital photo in an application on the upload page, the cropping pop-up will appear
- Use the slider to zoom in/out of the photo
 - Use cursor to move the photo within the box
- NOTE: Be sure to adhere to the photo guides noted on the pop-up
- Select **Save Photo** to save the cropped image to the application or select **Skip Cropping** to save the uncropped version of the photo

- Photo must:
- Have been taken within the last 60 days
 - Be clear (e.g. not blurred, too light, etc.)
 - Have natural color
 - Have a plain white or off-white background
 - Be the same person on the identification submitted
 - Display a front view of the whole face
 - Not cut off the hair/hairline or the bottom of the chin
 - Not include a hat or headgear that obscures the hair or hairline

Example:



13. Review application data click **Edit Section** to change any information in the section. Then, click **Save and Continue** until returning to the Review and Submit page

14. Click **Submit & Go to Payment** to proceed to payment process

Marijuana
Facility Agent Registration Application

REVIEW & SUBMIT

Review

Facility Agent Information

13

Edit Section

Identification Information

First Name	Middle Name	Last Name	Suffix
Clint		Wigorium	
Birthdate		Gender	
12/2/1980		Male	
Id Type		Id Number	
Driver License		5555555555	
State	Issue Date		
AZ	12/1/2020		
Fingerprint Information			
Level 1 Fingerprint Clearance ID			

Residence Information

14

Submit & Go to Payment

Address		Suite, Unit, etc.	
55454 Yesterday Lane			
City	State	Zip Code	County
Phoenix	AZ	85020	Maricopa
Phone Number			
(555) 555-5555			

☐ Check if mailing address is different than residence address

Back

15. To see application status: From the main Marijuana page, select the **Check Application Status Form** tile - Once the application has been submitted and payment was successful, the status of the Application will show as **Submitted** (sent to ADHS)

Marijuana

Information

Check Application Status Form

Medical Marijuana Clinical Trials

Residential Address Mapping Application

Applications

New Minor Patient Application

New Caregiver Application

New Patient Application

Application Status

New Facility Agent Application

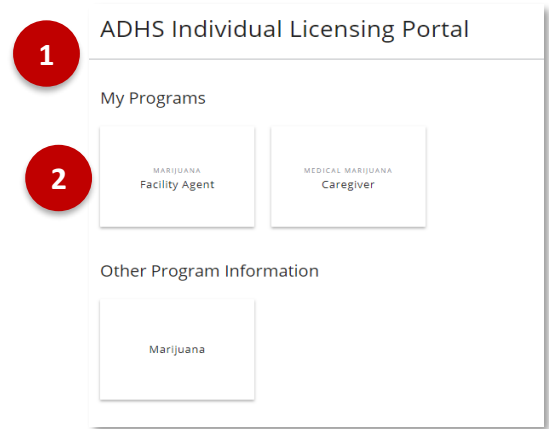
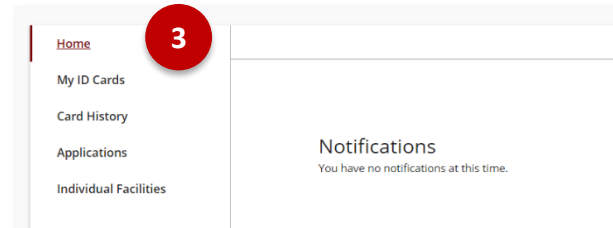
SUBMITTED: 12/1/2020

Submitted

Application: Approval of New FA Application

Access: PO/BM and FA only

Overview: Upon approval of the Facility Agent Application, users will be granted access to additional Facility Agent functionality from the Individual Licensing Portal

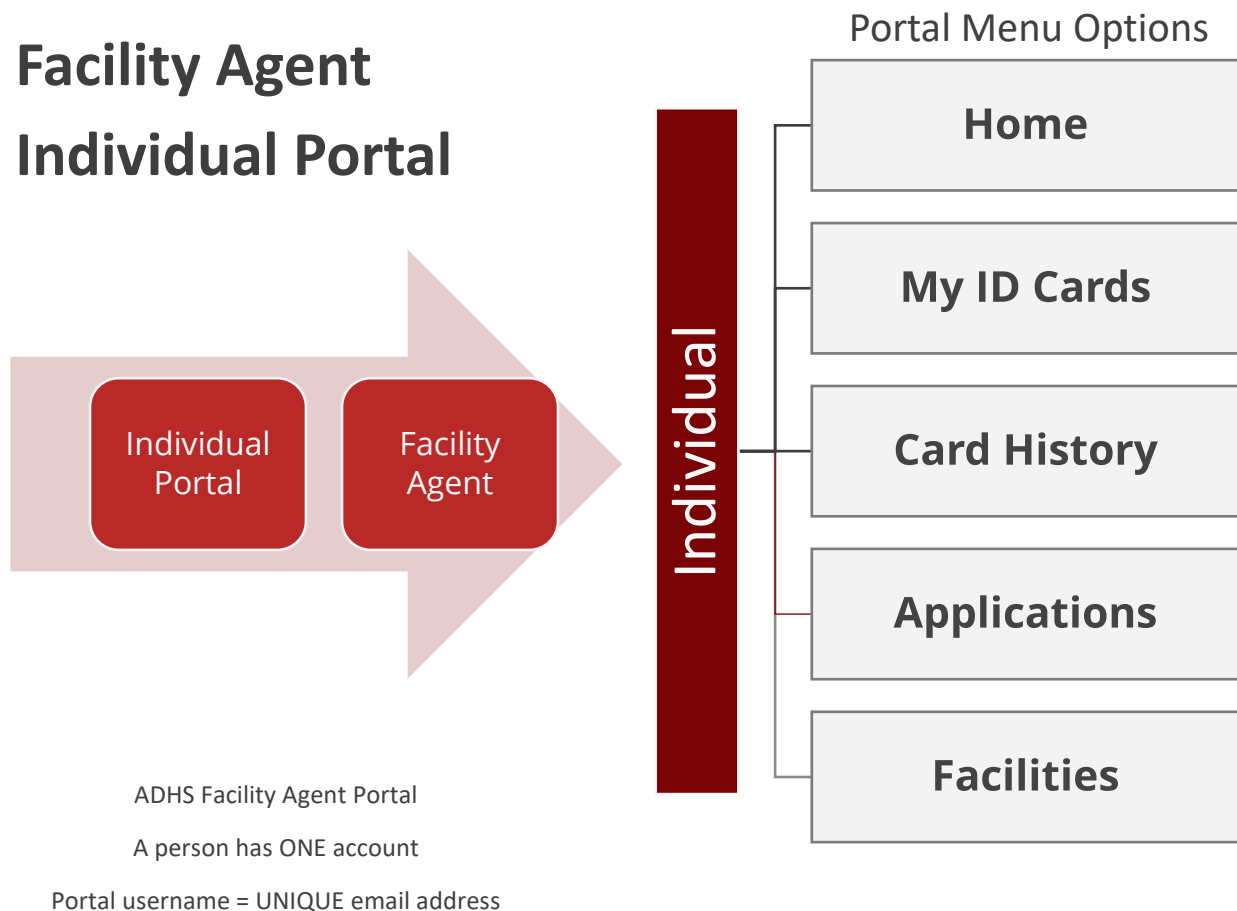
<ol style="list-style-type: none">1. From the Individual Licensing Portal On the main Program Page, a new tile Facility Agent is now available2. Select the tile to open the Facility Agent portal	 <p>The screenshot shows the 'ADHS Individual Licensing Portal' header. Below it is a 'My Programs' section with two tiles: 'MARIJUANA Facility Agent' and 'MEDICAL MARIJUANA Caregiver'. A red circle with the number '2' highlights the 'MARIJUANA Facility Agent' tile. Below this is an 'Other Program Information' section with a 'Marijuana' tile. A red circle with the number '1' is placed above the 'My Programs' section.</p>
<ol style="list-style-type: none">3. Access to the Facility Agent portal is now available – refer to Individual Portal - Facility Agent: Portal Overview section for details*	 <p>The screenshot shows the 'Home' page of the Facility Agent portal. A sidebar on the left contains links: 'Home' (highlighted), 'My ID Cards', 'Card History', 'Applications', and 'Individual Facilities'. A red circle with the number '3' highlights the 'Home' link. The main content area on the right is titled 'Notifications' and states 'You have no notifications at this time.'</p>

Individual Portal - Facility Agent: Portal Overview

Access: Facility Agent

Overview: The Facility Agent has access to the Facility Agent portal and various functions related to the digital card, applications, and managing links to facilities

Facility Agent Individual Portal



- **Home:** Notifications and Message ADHS
- **My ID Cards:** View your Facility Agent Card
- **Card History:** View and search card history
- **Applications:** View and Submit card change applications, report lost/stolen cards, check application status, and view approved application history
- **Facilities:** View list of linked facilities, manage linked facilities

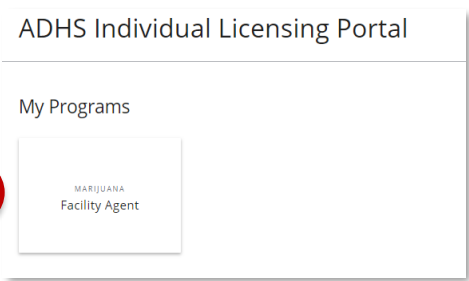
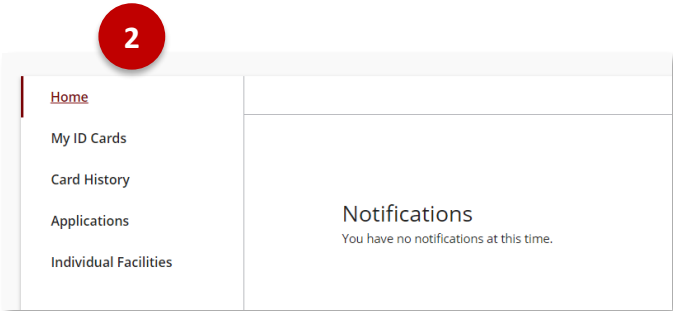
Individual Portal - Facility Agent: Accessing Portal

Access: Facility Agent

Overview: Accessing the FA portal upon receiving an approved FA license via the Individual Licensing Portal

Only a Facility Agent with an approved Facility Agent Card may gain access to the Facility Agent portal, every Facility Agent user must have a:

- Unique email address
- Portal Account
- Valid Facility Agent card

<p>1. Upon login to Facilities Licensing portal, select Facility Agent tile</p>	 <p>ADHS Individual Licensing Portal</p> <p>My Programs</p> <p>MARIJUANA Facility Agent</p>
<p>2. View Facility Agent Portal Menu bar:</p> <ol style="list-style-type: none">a. Homeb. My ID Cardsc. Card Historyd. Applicationse. Facilities	 <p>Home</p> <p>My ID Cards</p> <p>Card History</p> <p>Applications</p> <p>Individual Facilities</p> <p>Notifications</p> <p>You have no notifications at this time.</p>

Individual Portal - Facility Agent: My ID Cards

Access: Facility Agent

[Home](#)
[My ID Cards](#)
[Card History](#)
[Applications](#)
[Individual Facilities](#)

My ID Cards

1



2

Download PDF

ARIZONA DEPARTMENT OF HEALTH SERVICES

FACILITY AGENT




DOB: 11/13/1986

ISSUE DATE: 11/24/2020

EXPIRES: 11/23/2022

1606270FAQY189784260



Demo Amanda

FA ID: 1606270FAQY189784260

ACTIVE

1. **Facility Agent Card:** View

2. Click the **Download PDF** button

a. Click PDF file link for a printable version

2a

 Agent License For....pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES

FACILITY AGENT



DEMO AMANDA

DOB: 11/13/1986

ISSUE DATE: 11/24/2020

EXPIRES: 11/23/2022

1606270FAQY189784260



3

3. **“Facility Agent”** is the only role displayed on facility agent cards

Individual Portal - Facility Agent: Card History

Access: Facility Agent

1. **Search bar:** Enter search criteria to filter card list
2. **Card ID:** Display the Card ID
3. **Type:** Card type detail
4. **Issued:** Date card was issued
5. **Expires:** Date card was expired
6. **Status:** Current status of card (Active, Expired, etc.)

Card History

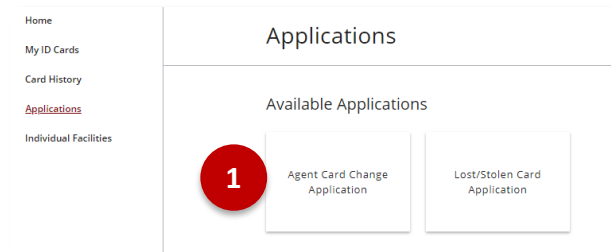
Search						Records
Card ID	Type	Issued	Expires		Status	
6050QPND363253775	Patient	11/10/2020	11/9/2022	<input type="checkbox"/>	ACTIVE	

Individual Portal – Facility Agent: Card Change Application

Access: Facility Agent

Overview: Card change applications are used to update details associated with the agent's card

1. From the facility agent portal main page, select the Application tab – then select the **Agent Card Change Application** tile



2. Read and acknowledge user agreement, click **Agree and Proceed**

Facility Change Agent Card

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

[Download Application Instructions](#)

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):

- Agent ID: Electronic copy of photo identification

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.

By submitting this application I am acknowledging that I am aware that:

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A registry identification card or registration certificate issued by the Arizona Department of Health Services ("ADHS") pursuant to the Arizona Medical Marijuana Act ("AMMA"), Arizona Revised Statutes ("A.R.S.") Title 36, Chapter 28.1 and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

I understand that while I may lawfully work in a licensed "medical" marijuana facility under state law, it is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

(see A.R.S. 36-2806(D))

A dispensary or laboratory agent is prohibited from acquiring, possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying or dispensing "medical" marijuana except as allowable under state law. It is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

2

Agree and Proceed

3. Read and click **I Agree** to acknowledge you accept the disclaimer message

By submitting this application, I am acknowledging that I am aware of the following:

Under Construction

Arizona Medical Marijuana Act (AMMA) Disclaimer:

I am aware that there are numerous legal challenges to the Arizona Medical Marijuana Act (AMMA). If the AMMA were ever to be overturned, there are no refunds for this application fee.

3

prohibited from acquiring, possessing, cultivating, manufacturing, delivering, trans

4. Click the radio button to select the appropriate card to process
5. Select **Save & Continue**

Facility Change Agent Card

SELECT A CARD

Please select the card for replacement below. Only valid cards will appear below. If you need assistance please contact M2ProgramSupport@azdhs.gov.

Card Id	Cardholder	Issue Date	Status
<input checked="" type="radio"/> 1607015FARJ864042960	David EWR	12/3/2020	ACTIVE

4 **5**

6. Edit card details as needed, click desired fields to edit information
7. Click **Save & Continue** to proceed

Facility Change Agent Card

AGENT INFORMATION

Agent Information

New/Updated Applicant Information

Current Card Id *
1607015FARJ864042960

Card Type *
Facility Agent

Full Legal First Name *
David

Full Legal Middle Name

Full Legal Last Name *
Rose

New/Updated Residential Address Information

Agent Street Address *
4333 N Drive Way

Suite, Unit, etc

Agent City *
Phoenix

Agent State *
AZ

Agent Zip Code *
85010

Agent County *
Maricopa

Agent Date of Birth *
Nov 29, 1922

☐ Check if mailing address is different than residence address

7

8. Upload copy of photo ID representing the change being made – select **Save & Continue** to proceed

Facility Change Agent Card

UPLOAD DOCUMENTS REVIEW & SUBMIT

Upload Supporting Documentation

Agent ID: Electronic copy of photo identification *

Upload Files Or drop files

Back Save & Exit Save & Continue

8

9. Review details on the Agent form – Select **Edit Section** or **Back** button to return to the form to make further edits
10. Select the **Submit & Go to Payment** to proceed with payment process

Facility Change Agent Card

REVIEW & SUBMIT

Review

Current Card Id* 1607015FARJ864042960 First Name* Facility Agent

Full Legal First Name David Full Legal Middle Name Full Legal Last Name Rose

Agent Gender Male

New/Updated Address Information

Agent Address 4333 N Drive Way Suite, Unit, etc.

Agent City Phoenix Agent State AZ Agent Zip Code 85010 Agent County Maricopa

Agent Date of Birth* 11/29/1922

☐ Check if mailing address is different than residence address

If any name fields (first, middle and/or last name) are changed, a \$10 fee will be required.

Uploaded Documents

Agent ID

Back Edit Section

Submit & Go to Payment

9

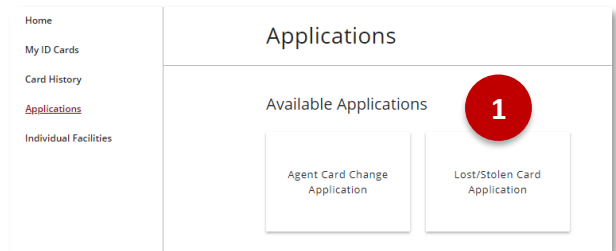
10

Individual Portal - Facility Agent: Lost / Stolen Card Application

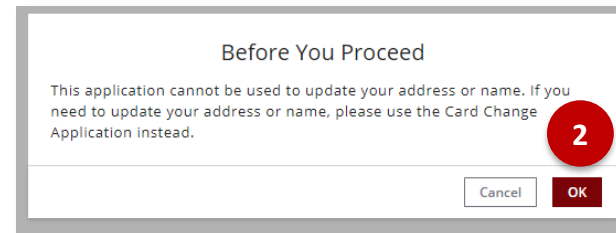
Access: Facility Agent

Overview: Agents submit this application to replace a lost or stolen card

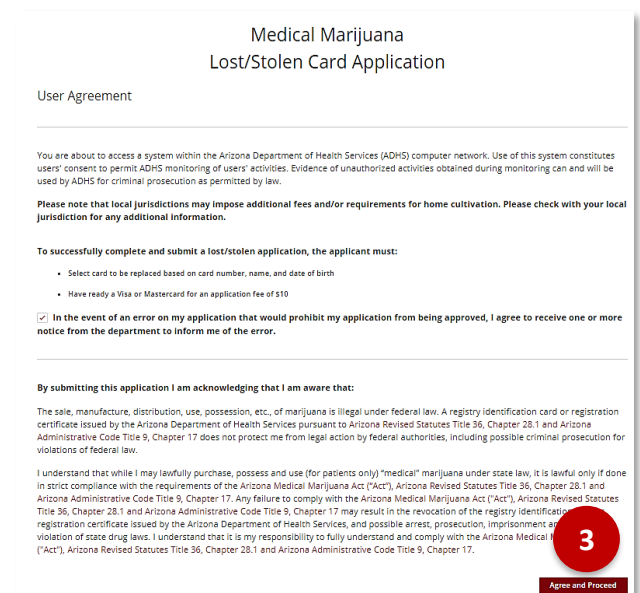
1. From the Facility Agent portal main page, select the **Application** tab – then select the **Lost/Stolen Card Application** tile



2. Read and click **OK** on the acknowledge you accept the notification
 - **Cancel** to return to the Applications tab



3. Read and acknowledge user agreement, click Agree and Proceed



4. Click the radio button to select the appropriate card to process as lost/stolen

Facility Change Agent Card

CARD SELECTION AGENT INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Select a Card

Select the card for replacement below. Only valid cards will appear below. If you need assistance please contact M2ProgramSupport@azdhs.gov.

Card Id	Cardholder	Issue Date	Status
---------	------------	------------	--------

Save & Continue

5. Review Agent details and click **Submit & Go to Payment**
- Proceed with payment process

Medical Marijuana
Lost/Stolen Card Application

REVIEW & SUBMIT

Review

Lost/Stolen Card Information

Card ID
1588787DARV975023219

Card Type
Dispensary Agent

Cardholder Name
John Dorian

After clicking the Submit button, you will no longer be able to edit the card selection and will navigate to the payment page.

Save & Exit Submit & Go to Payment

Individual Portal - Facility Agent: Individual Facility Tab

Access: Facility Agent

Overview: Agents will have access to the Facilities tab used for managing link request and facilities the agent is associated

1. Default view will show column details for facilities with a link request - as shown below
2. Additional link functions will display based on the link status - details will be outlined later in this section

Home	Individual Facilities [®] Search Link Facility				
My ID Cards	Name	Address	Phone	Link Status	Link Active
Card History	Charizard facility	150 E crooked st phoenix, AZ	(123) 456-9870	Pending	
Applications	Cancel Link Request				
Individual Facilities	Greens Pharm	5847 W. Indiana Street Peoria, AZ	(480) 587-0778	Pending	
	Approve Link Decline Link				

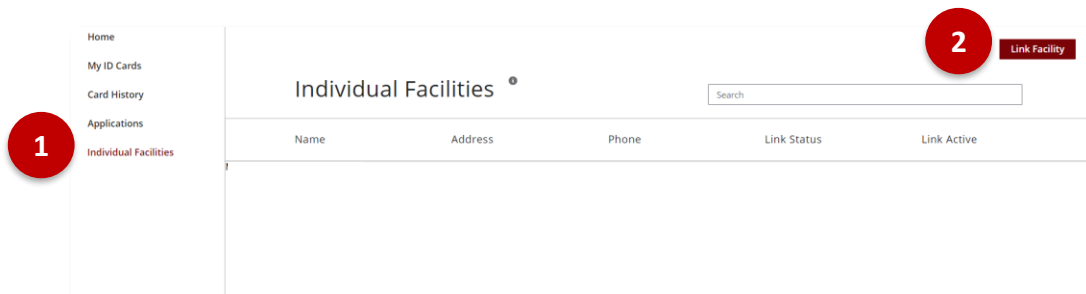
Individual Portal - Facility Agent: Initiate Link to Facility

Access: Facility Agent

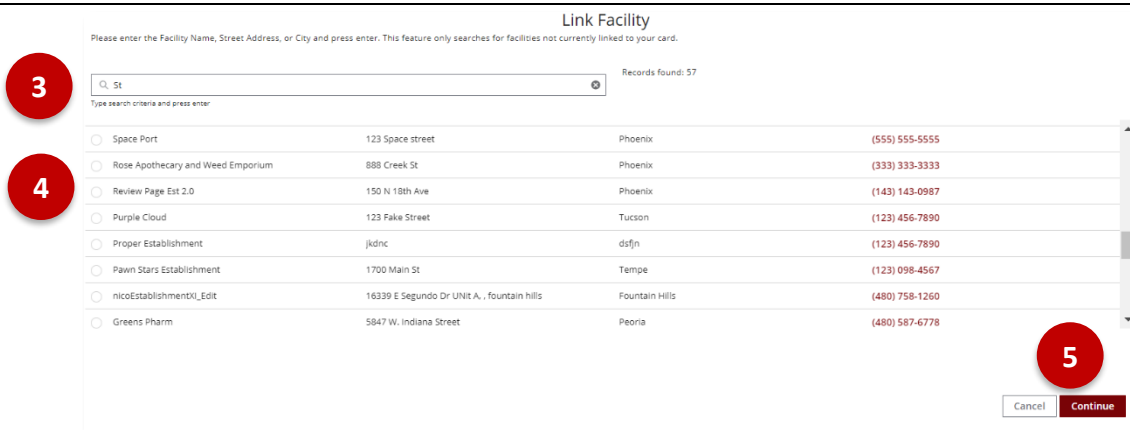
Overview: Agents can initiate a link request to a facility from the FA portal

Facility agents with an approved facility agent card may initiate a link request to a dual or establishment facility. The facility will be required to approve the link before it is active

1. Upon entering the facility agent portal select the **Facilities** tab - page will display facilities with link statuses
2. To begin a link request, select the **Link Facility** button on the top-right of the screen



3. Page will display **Link Facility Search** form – enter facility details in search bar (facility name or address)
4. Select the radio button next to the desired facility (only one can be selected)
5. Select the **Continue** button to submit request - **Cancel** to exit out



6. Pop-up will display facility details and acknowledgement details

- Select **Submit** to confirm link request
- Click **Cancel** to return to the individual tab screen

Street Address, or City and press enter. This feature only searches for facilities not currently linked to you.

Link Facility

Facility Name: Demo Amanda Establishment

Street Address: 123 Street City: Scottsdale County: Gila Phone: (555) 555-5555

☒ I acknowledge I would like to submit a request to link the selected marijuana facility. I am either employed by or associated with it. This link is not complete until the facility approves the request.

Cancel Submit

7. After a link request has been submitted, the Facilities page will display the facility details for the request with link status as “pending”

Important: the facility PO/BM will receive a notification of the request. The request will be pending until the facility approves the request – once approved by the facility, the link will show as Approved and Active. If the request is declined, the link will not be approved or active.

8. Cancel the request by selecting the **Cancel Link Request** button below the facility name – only available if the associated facility has not acted on the link request

Name	Address	Phone	Link Status	Link Active
Charizard facility	150 E crooked st phoenix, AZ	(123) 456-9870	Pending	

Cancel Link Request

Individual Portal - Facility Agent: Unlink from a Facility

Access: Facility Agent

Overview: Facility Agents can unlink from facilities via the Facilities tab

1. From the **Facilities** tab, the list displays all currently linked facilities - including pending links - select the **Unlink Facility** button below the desired facility name to unlink

Individual Facilities ⁰

Search

Name	Address	Phone	Link Status	Link Active
First Estb	3560 S Soho Chandler, AZ	(345) 345-3453	Approved	✓
Unlink Facility				
Demo Amanda Dispensary	123 Street Boston, AZ	(555) 555-5555	Approved	✓
Unlink Facility				

2. Confirm the facility details pop-up and acknowledgement - Click **Submit** to continue - Click **Cancel** to return to the Individual tab screen

Unlink Facility

Facility Name: First Estb

Street Address: 3560 S Soho City: Chandler County: Maricopa Phone: (345) 345-3453

☐ I acknowledge I am unlinking the Facility and that I am not employed by or associated with this facility.

Cancel Submit

IMPORTANT: After an unlink request has been submitted, the Facilities page will no longer display the facility as an active link

Individual Portal - Facility Agent: Approve/Decline a Link Request

Access: Facility Agent

Overview: Facility Agents can approve or decline link requests submitted by a facility

1. After a link request has been submitted by a facility, the Facilities page will display the facility details for the request

NOTE: An email will be sent to the Facility Agent email address when a facility requests to link

2. Approve the request by selecting the **Approve Link** button
3. Decline the request by selecting the **Decline Link** button

Home
My ID Cards
Card History
Applications
Individual Facilities

Link Facility

1 Individual Facilities

Search

Name	Address	Phone	Link Status	Link Active
Charizard facility	150 E crooked st phoenix, AZ	(123) 456-9870	Pending	
Cancel Link Request				
2 Greens Pharm	5847 W. Indiana Street Peoria	(480) 587-6778	Pending	
3 Approve Link Decline Link				

4. If **Approve Link** button was selected, the Approve Facility confirmation will display – select the checkbox and **Submit** to confirm

NOTE: Approved Links will associate the FA with the marijuana facility, which is important for the employee protections to be activated

Address Phone

Approve Facility Link

Facility Name: Greens Pharm

Street Address: 5847 W. Indiana Street City: Peoria County: Phone: (480) 587-6778

☐ I acknowledge I am approving the pending Facility Agent Link Request for this facility, which I am either employed by or associated with it.

Cancel Submit 4

5. If **Decline Link** button was selected, the Decline Facility confirmation will display – select the checkbox and **Submit** to confirm

NOTE: Declined Links will not associate FA to facility

Address Phone

Decline Facility Link

Facility Name: Greens Pharm

Street Address: 5847 W. Indiana Street City: Peoria County: Phone: (480) 587-6778

☐ I acknowledge I am declining the pending Facility Agent Link Request for this facility, which I am either employed by or associated with it.

Cancel Submit 5

Individual Portal - Facility Agent: Confirm Facility Unlink

Access: Facility Agent

Overview: Facility Agents are required by the program to confirm an unlink by a facility within the facility agent portal

1. After an unlink was initiated by the facility, FA is able to go to the Facilities tab
2. Select the **Confirm Facility Unlink**

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Licensing

ADHS Individual Licensing Portal

Hank Pym

Home

My ID Cards

Card History

Applications

Facilities

Link Facility

Search

Name	Address	Phone	Link Status	Link Active
Marley and Me Weed Emporium	4333 n drive Phoenix, AZ	(333) 333-3333	Unlinked	

Confirm Facility Unlink

3

4

Facilities

Search

Confirm Unlink Facility

Facility Name: Marley and Me Weed Emporium

Street Address: 4333 n driveCity: PhoenixCounty: NavajoPhone: (333) 333-3333

☒ I acknowledge I am accepting the request to unlink from the Facility and that I am not employed by or associated with this facility.

CancelSubmit

3. Confirm the pop-up and select the acknowledgement checkbox
4. Select **Submit** to complete the process or **Cancel** to exit

MISCELLANEOUS FUNCTIONS AND FEATURES

Submit Online Payment

Access: PO/BM and FA only

Overview: Online payment is processed through ADHS for all applications requiring a fee

1. Once on checkout screen, enter payment information
2. Click **Continue** to proceed

State of Arizona Checkout Utility
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

*First Name: Kevin

*Last Name: Spoken

*Billing Address: 3301 N 24th St

*City: Phoenix

*State: AZ

*Zip: 85016

*Email: megan.wagner@azdhs.gov

*Phone Number: 999-124-9832

Continue

3. Review billing and order information
4. View payment amount
5. Click **Authorize** to submit payment and application
6. View Receipt – print receipt to keep for records
7. Click **Continue** to return to portal

Order Review

Please review your order and ensure the information below is correct before proceeding. If you agree with the information as displayed, please click the "Authorize" button to process the payment.

BILLING INFORMATION

Name: Kevin Spoken

Address: 3301 N 24th St, Phoenix, AZ, 85016

Phone: 999-124-9832

Email: megan.wagner@azdhs.gov

Edit

ACCOUNT INFORMATION

VISA 4*****1111

Edit

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
2000178	HSMM0030	MM DISP- INITIAL	\$5,000.00	1	\$5,000.00
Total					\$5,000.00

Note: test desc

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$5,000.00

The total amount to be billed to your credit card is \$5,000.00.

Previous Authorize

Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.

Your authorization number is 475835.

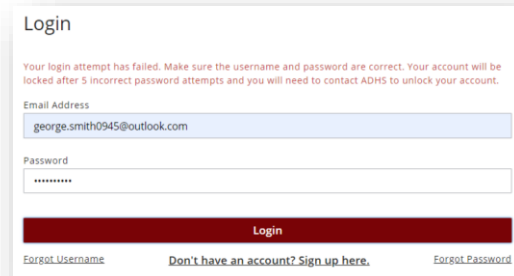
Please reference this number in any correspondence regarding your transaction. [Get the Adobe Acrobat Reader](#)

Download receipt

Continue

Portal Login: Locked Account

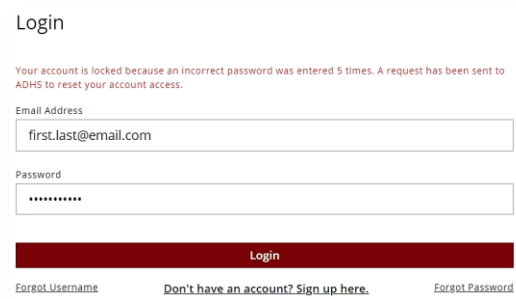
1. When attempting to login to the portal, the account will be locked after 5 invalid login attempts - message displayed: *"Your login attempt has failed. Make sure the username and password are correct. Your account will be locked after 5 incorrect password attempts and you will need to contact ADHS to unlock your account."*



The screenshot shows a web browser window with the title "Login". The main heading is "Login". Below the heading, a message states: "Your login attempt has failed. Make sure the username and password are correct. Your account will be locked after 5 incorrect password attempts and you will need to contact ADHS to unlock your account." There are two input fields: "Email Address" with the value "george.smith0945@outlook.com" and "Password" with masked characters. A red "Login" button is below the fields. At the bottom, there are three links: "Forgot Username", "Don't have an account? Sign up here.", and "Forgot Password".

2. If an account becomes locked, ADHS will automatically be notified and will process the request to unlock the account – message displayed: *"Your account is locked because an incorrect password was entered 5 times. A request has been sent to ADHS to reset your account access."*

NOTE: Please allow 1 business day for processing



The screenshot shows a web browser window with the title "Login". The main heading is "Login". Below the heading, a message states: "Your account is locked because an incorrect password was entered 5 times. A request has been sent to ADHS to reset your account access." There are two input fields: "Email Address" with the value "first.last@email.com" and "Password" with masked characters. A red "Login" button is below the fields. At the bottom, there are three links: "Forgot Username", "Don't have an account? Sign up here.", and "Forgot Password".

3. Email will be sent to account holder to notify them ADHS will have to unlock their account - email subject: *"You've been locked out of the ADHS Licensing Portal"*



The screenshot shows an email notification from the Arizona Department of Health Services Licensing team. The header includes the ADHS logo and the text "ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING". The body of the email reads: "Hi Karl, Your account is locked after too many login attempts. We received your request to unlock your ADHS Facility Licensing portal account. We will process the request as soon as possible and email you when your account is unlocked. If you did not submit a request to unlock your account, please contact the Arizona Department of Health Services. Thank you, ADHS Licensing Team".

4. ADHS will unlock the account and send an email with a link to the Facility Portal login or to Change your password – email subject: *“ADHS Facility Licensing Portal Unblock User”*



5. If account attempts to reset their password while their account is unlocked, an email will be sent to account user with explanation and instructions
- a. An account password cannot be reset while it is LOCKED
 - b. Account holder must email ADHS to request an account unlock and password reset: M2Dispensaries@AZDHS.gov



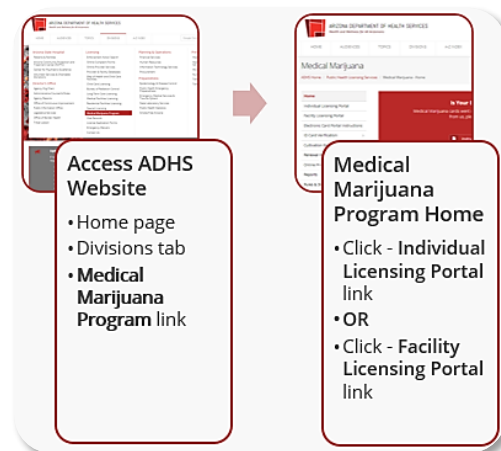
Accessing Your Facility Licensing Portal

Access: PO/BM, linked FA and DA

Only a PO/BM of an approved facility may submit an application on behalf of the facility. To gain access to the facility portal (Facility Licensing Portal-FLP), every user must have a:

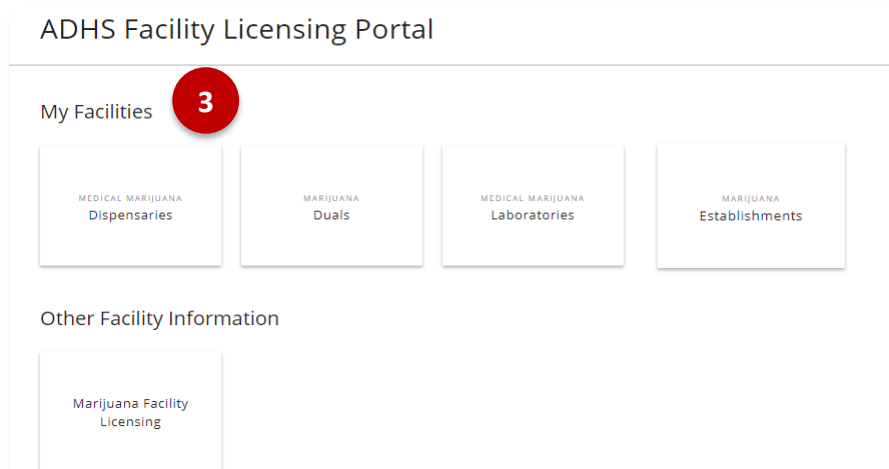
- Unique email address
- Portal Account
- An association with a facility
- Valid Marijuana Registry Identification Card

Accessing the Facility Licensing Portal Link



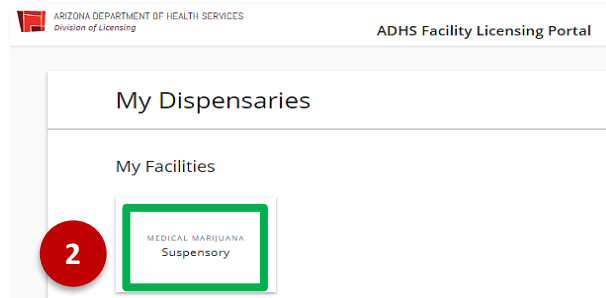
1. Upon login to Facilities Licensing portal under **My Facilities**, select **Dispensaries, Establishments, Duals or Laboratories** list

NOTE: If a PO/BM is associated to multiple facility types, each facility type will appear as separate tiles



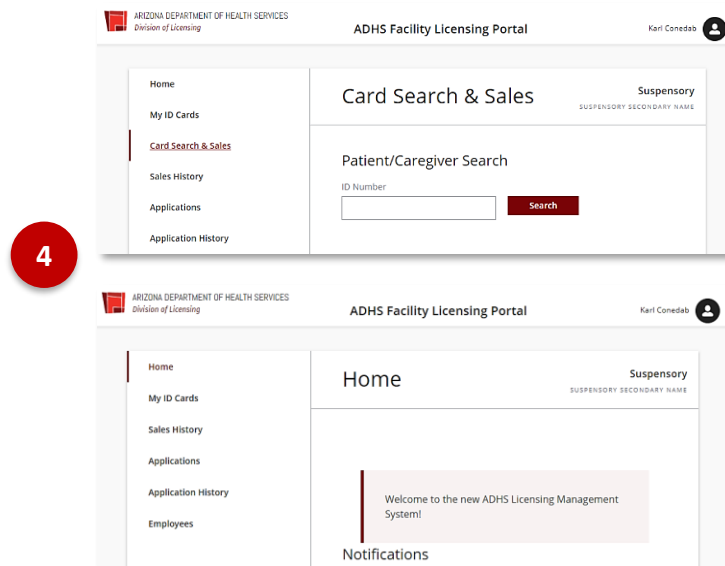
2. Select specific site tile to view the PO/BM functions

NOTE: If a PO/BM is authorized to access multiple facilities, each facility will appear in a separate tile



3. View **Facility Licensing Portal Menu bar**, based on access:

- a. If Dispensary PO/BM has access, **Card Search & Sales** will be the default page
- b. Otherwise, **Home** is the default page



APPENDIX

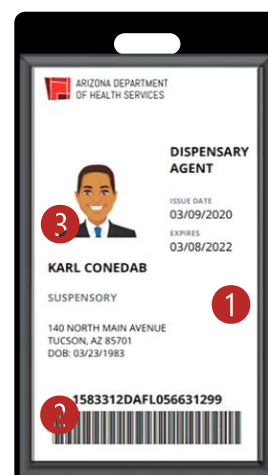
Glossary

- ADHS Facility Licensing Portal: An online portal to manage Arizona’s Medical Marijuana program.
- ADHS Licensing Portal User: Anyone who has created an account in the online ADHS Licensing Management system with a unique email address. Any principal officer, board member, employee or volunteer of a dispensary can log into the ADHS Licensing Management system. Anyone can register to become a user by providing a verifiable email address. All users have access to their profile and can change their username and password. Access to a portal account does not automatically provide access to the Facility Licensing functions. A dispensary PO/BM must apply for and ADHS approve a dispensary agent application.
- Card: A Medical Marijuana Registry Identification Card is issued to all approved patients, caregivers, laboratory agents (laboratory owners, employees, volunteers), and dispensary agents (board members, principal officers, employees, volunteers).
 - Possession of a medical marijuana registry identification card is a legal requirement to handle, transport, cultivate, sell, test, or consume medical marijuana.
 - Each card will share similar format but may differ based upon the privileges it conveys.
 - As of December 1, 2019, cardholders were issued an electronic Medical Marijuana Registry Identification Card. All applications after December 1, 2019 (including a Lost/Stolen application, Change application, or Renewal application), are issued as an electronic card and remaining physical cards are valid until they expire or are replaced. A printed format of the electronic card is acceptable. See *Figure 1 –Cards*
- Card Search & Sales product definitions:
 - Medical Marijuana: The dried flower of the marijuana plant
 - Edibles: Any items sold for consumption that contain medical marijuana. The amount of medical marijuana in the edible must be labeled and entered in the system during a transaction
 - Non-edibles: Any non-edible items, such as concentrates, sold that contain medical marijuana. The amount of medical marijuana in the non-edible must be labeled and entered in the system during a transaction

Medical Marijuana Registry Identification Card Sample for a DA

1. Security Stamp
2. Scannable Barcode to input cardholder ID number into Card Search & Sales Verification System
3. For a period, some photos may appear distorted; however, they are still valid

New Electronic card
(both electronic and printed versions are acceptable)



- **Dispensary:** Means the same as “[n]onprofit medical marijuana dispensary” in A.R.S. § 36-2801, “... a not-for-profit entity that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, supplies, sells or dispenses marijuana or related supplies and educational materials to cardholders. A nonprofit medical marijuana dispensary may receive payment for all expenses incurred in its operation.”
- **Designated Caregiver:** A person who (as defined in: A.R.S § 36-2801(5)(a-e)):
 - Is at least twenty-one years of age
 - Has agreed to assist with a patient's medical use of marijuana
 - Has not been convicted of an excluded felony offense
 - Assists not more than five qualifying patients with the medical use of marijuana
 - May receive reimbursement for actual costs incurred in assisting a registered qualifying patient's medical use of marijuana if the registered designated caregiver is connected to the registered qualifying patient through the department's registration process. The designated caregiver may not be paid any fee or compensation for service as a caregiver. Payment for costs under this subdivision does not constitute an offense under title 13, chapter 34 or under title 36, chapter 27, article 4
 - Submit a Medical Marijuana qualifying patient new, renewal, change, and void application
 - Able to assist the patient's medical use of marijuana
 - View and print their Medical Marijuana electronic registry identification card(s)Check application statuses
- **Dispensary Agent (DA):** Means the same as "[n]onprofit medical marijuana dispensary agent" in A.R.S. § 36-1901. A dispensary agent is a principal officer, board member, employee or volunteer of a nonprofit medical marijuana dispensary who is at least 21 years of age and has not been convicted of an excluded felony offense.
 - A Dispensary Agent (DA), may:
 - View Portal Messages from ADHS
 - Send messages to ADHS
 - View DA-specific Notifications
 - View and print their DA Card *
 - Verify qualifying patient and caregiver cardholders *
 - Register new sales transactions *

** Access granted by Dispensary PO/BM*
- **Dual:** A marijuana facility that is able to provide medical marijuana patients and their caregivers with marijuana for medical use along with adult-users
- **Establishment:** A marijuana facility type that is allowed to sell marijuana to adults and is considered a retail site
- **Individual Licensing Portal:** Online system managing facility agents, patients and caregivers participating in either the AMMA or SASAA programs
- **Marijuana Facility Agent License (Card):** Is the card received by the marijuana facility agent that when linked with a marijuana establishment provides employee protections to the holder and

employer as prescribed by law.

- **Facility Licensing Portal:** A PO/BM must submit a dispensary agent application in order to grant access to the Facility Licensing Portal and the functionality for a specific dispensary. A person who is an agent for two or more dispensaries, has one Portal User Account. The user will be able to access each dispensary through their one account. Access to each dispensary is initiated by the PO/BM and approved by ADHS within the ADHS Licensing Management system
- **Link Status:** Status of the link between a Dual or Establishment and a Facility Agent. The following are status types:
 - **Approved:** Link has been approved by both the facility and facility agent. Agent is able to work at the facility's sites
 - **Canceled:** Either the facility agent or the facility (Dual or Establishment) has initiated a link request and the initiator has canceled the request before the other party has acted on the link request
 - **Declined:** Either the facility agent or the facility (Dual or Establishment) has initiated a link request and the request is declined by the other party
 - **Pending:** Either the facility agent or the facility (Dual or Establishment) has initiated a link request and the request is awaiting confirmation from the other party
 - **Unlinked:** Link has been removed and is no longer active. Agent is no longer associated to the facility and is no longer able to work at any of the facility's sites
- **Marijuana Facility Agent:** Means the same as in A.R.S. § 36-2850, "... a principal officer, board member or employee of a marijuana establishment or marijuana testing facility who is at least twenty-one years of age and has not been convicted of an excluded felony offense."
- **Medical Marijuana Registry Identification Card:** A document issued by the department that identifies a person as a registered qualifying patient, a registered designated caregiver, a registered nonprofit medical marijuana dispensary agent or a registered independent third-party laboratory agent. Card statuses are:
 - **ACTIVE card:** Card not yet expired and is valid for all intended purposes depending on its type
 - **EXPIRED card:** Card that is expired and invalid for all intended purposes
 - **INACTIVE card:** Card that is invalid for all intended purposes
 - **REVOKED card:** Card that is revoked by ADHS that is invalid for all intended purposes
 - **VOID card:** Card that is invalid for all intended purposes
- **Minor Patient:** A qualifying patient who is under 18 years of age and required to have a caregiver to obtain and assist with the patient's medical use of marijuana
- **NOD (Notice of Deficiency):** An ADHS document, listing one or more reasons for which a Dispensary Agent Card Application was found deficient during the administrative phase of the review process, and requires the PO/BM to resolve them
 - For example: The DA fingerprint card was not received by ADHS. The ADHS Licensing Management System notifies a PO/BM to address the issue(s)
- **Qualifying patient:** A person who has been diagnosed by a physician as having a debilitating medical condition (as defined in: A.R.S. § 36-2801(15))

- Submit a Medical Marijuana qualifying patient new, renewal, card change, and void application
- View and print their Medical Marijuana electronic registry identification card(s)
- Can check allotment remaining on their qualifying patient's Medical Marijuana card(s)
- RFI (Request for Information): An ADHS document, listing one or more reasons the submitted Dispensary Agent Card Application was identified as requiring additional information, and requires the PO/BM to resolve them.
 - For example: Birthdate on the driver's license does not match the birthdate entered on the DA application. The ADHS Licensing Management System allows a PO/BM to address the issue(s) and resubmit the application for approval

Application Required Documents

Each facility-related application requires various types of documents to be submitted. The following will outline the required documents by application. For additional details and the most current list of documents, please refer to each application's Agreement Page.

Application Type:	Required Documents:
Information Update: DBA, Email, Designated Person, Hours of Operation, Mailing Address, Medical Director, Phone, TPT Number	<ul style="list-style-type: none"> • POBMs Attestation that all information provided in the application is true and accurate and that the POBMs are aware of and requesting the change, signed and dated by at least two POBMs, unless there is only one
Add/Remove PO/BM	<ul style="list-style-type: none"> • POBMs Attestation that all information provided in the application is true and accurate and that the POBMs are aware of and requesting the change, signed and dated by at least two POBMs, unless there is only one • Legal documentation supporting requested change (may include bylaws, documents filed with Corporation Commission, etc.)
Approval to Operate	<ul style="list-style-type: none"> • FOR EACH POBM: Attestation that all information provided in the application is true and accurate. • A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed

	<p>building as a dispensary site (and on-site cultivation, if applicable), such as a certificate of occupancy, a special use permit, or a conditional permit.</p> <ul style="list-style-type: none"> • A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions. • A site plan drawn to scale of the proposed dispensary location showing streets, property lines, buildings, parking areas, outdoor areas (if applicable), fences, security features, fire hydrants (if applicable), and access to water mains. • A floor plan drawn to scale of the building where the proposed dispensary is located
Facility Change Application: Add Cultivation On/Offsite, Location Change, of Dispensary/Cultivation Site. Modify Facility Site	<ul style="list-style-type: none"> • FOR EACH POBM: Attestation that all information provided in the application is true and accurate. • A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary site (and on-site cultivation, if applicable), such as a certificate of occupancy, a special use permit, or a conditional use permit. • A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions. • A site plan drawn to scale of the proposed dispensary location • A floor plan drawn to scale of the building where the proposed dispensary is located.
Facility Change Application: Add Kitchen On/Off-site	<ul style="list-style-type: none"> • FOR EACH POBM: Attestation that all information provided in the application is true and accurate. • Signed statement by POBMs (A license to operate a Food Establishment is required pursuant to AFC 8-301.11. Upon signing this Food Establishment License Application, the Applicant hereby certifies that all the information contained herein is true and correct.) • Floor plan of dispensary or cultivation site

	<ul style="list-style-type: none"> Floor plan of kitchen accurately drawn to a minimum scale of ¼ inch = 1 foot
Decertify Cultivation Site or Kitchen Dispense/Sell Edibles	<ul style="list-style-type: none"> FOR EACH POBM: Attestation that all information provided in the application is true and accurate.
Dispensary Agent Registration	<ul style="list-style-type: none"> Electronic copy of photo identification Current Digital Photo Electronic copy of completed and signed Dispensary Agent/Member Attestation Fingerprint Verification Form – Mailed in

Initial Dispensary
Registration Certificate

- Articles of Incorporation: If the entity applying is one of the business organizations in R9-17-301(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents
- Copy of policies and procedures that comply with the requirements in this Chapter
- Each Principal Officer and Board Member Attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801
- Fingerprint Card (submitted out of the portal)
- A sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with any local zoning restrictions
- Documentation from the local jurisdiction where the dispensary's proposed physical address is located
- There are no local zoning restrictions for the dispensary's location, or
- The dispensary's location is in compliance with any local zoning restrictions
- Documentation of:
 - Ownership of the physical address of the proposed dispensary, or
 - Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address
- The dispensary's by-laws
- Documentation of Ownership or Owner Permission
- Documentation of Ownership of the physical address of the proposed dispensary OR Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address
- Site Plan
- Floor Plan
- A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis

Dual Application	<ul style="list-style-type: none"> • FOR EACH POBM: Attestation that all information provided in the application is true and accurate.
New Establishment Application	<ul style="list-style-type: none"> • All owners must have an account created prior to starting the application • All owners must have an active Facility Agent Card. Each POBM can apply for a Facility Agent Card from the ADHS Individual Licensing Portal • Each POBM: <ul style="list-style-type: none"> ○ An attestation that all information provided in the application is true and accurate. Signed and dated by the POBM. POBM Initial Establishment Attestation ○ For a business organization that is not a publicly traded corporation, the name, residence address, and date of birth of each principal officer or board member; ○ For a business organization that is a publicly traded corporation, the name, residence address, and date of birth of each principal officer or board member who is entitled to 10% or more of the profits of the proposed marijuana establishment; ○ Documentation of the principal officer's or board member's marijuana facility agent license • Documentation that the applicant is in good standing with the Arizona Corporation Commission • A statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction: <ul style="list-style-type: none"> ○ Certifying that that the proposed physical address of the marijuana establishment is in compliance with any local zoning restrictions, and ○ Including the legal name of the marijuana establishment or identifying at least one

	<p>principal officer or board member of the marijuana establishment</p> <ul style="list-style-type: none"> ○ Zoning Compliance Form • Documentation, in a Department-provided format, of: <ul style="list-style-type: none"> ○ Ownership of the physical address of the proposed marijuana establishment, signed and dated within 60 calendar days before the days of application; or ○ Permission from the owner of the physical address of the proposed marijuana establishment for the applicant for a marijuana establishment license to operate a marijuana establishment at the physical address, signed, notarized, and dated within 60 calendar days before the days of application ○ Property Ownership Form • Documentation from an in-state financial institution or an out-of-state financial institution, as defined in A.R.S. § 6-101: <ul style="list-style-type: none"> ○ A written statement, in a Department-provided format, signed within 30 calendar days before the date of the application by a representative of the in-state financial institution or out-of-state financial institution, as applicable, confirming that the applicant or a principal officer or board member of the applicant has at least \$500,000 in liquid assets, as defined in A.R.S. § 6-851, in the name of the applicant or a principal officer or board member of the applicant; and ○ Documentation, including the name of the applicant or a principal officer or board member of the applicant, supporting that the \$500,000 has been under the control of the applicant or principal office or board member of the applicant for at least 30 calendar days before the date of the application; and ○ Financial Institution Statement
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ADHS Portal Account Registration

For access to the ADHS Licensing Portal, a person only needs to create one account. *Within* the ADHS Licensing Portal, a person can have access to many licensing functions. Access to licensing functions is requested by licensing facility owners and granted through approved applications by ADHS. The email entered in the account creation process will be the portal username. This email must be a UNIQUE email address, one that is not shared with or in use by another person.

1. Navigate to a Licensing Portal Login screen
2. Click **Don't have an account? Sign Up here:** to create ADHS Licensing System Portal account
3. **Enter required information:** Legal First Name, Legal Last Name, Phone Number, Date of Birth, Email Address

NOTE: Must be a UNIQUE email address, one not shared with another person

NOTE: For DA account, if a person has a patient or caregiver account, use the same email address/portal account. The dispensary will not have access to the patient information

4. Click **reCaptcha box "I'm not a robot"**
5. Click **Create Account**

NOTE: Ensure legal name and date of birth are accurate. Once account is created, name and date of birth can only be changed through a change application submittal

The image shows two screenshots of the ADHS Facility Licensing Portal. The left screenshot is the login page, featuring fields for Email Address and Password, a Login button, and links for Forgot Username, Don't have an account? Sign up here, and Forgot Password. The right screenshot is the 'Create Account' page, which includes fields for Legal First Name (Sandy), Legal Last Name (Soil), Phone Number (555-123-2020), Date of Birth (1/6/1978), and Email Address (Sandy.soil@email.com). It also features a reCaptcha box with the text 'I'm not a robot' and a Create Account button. A disclaimer at the bottom of the right page states: '*Please use your personal email address. Many Internet sites offer free email accounts. You can create and access free email accounts at any of the following sites. This information is provided as a helpful resource only as the Arizona Department of Health Services does not endorse or support any of these providers: Gmail, Outlook, Yahoo.'

6. View message to check email
7. View email from ADHS and click **temporary link** to create the account password which will direct you to the Individual Licensing Portal. Close out and provide portal account email address to PO/BM to complete application

NOTE: An account does not provide access to ADHS Licensing System functionality. ADHS program must approve access

The image shows two screenshots related to account creation. The left screenshot is an email notification with the subject 'NOW, CHECK YOUR EMAIL'. The body text says: 'Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't log in, contact your administrator. Back to login'. The right screenshot is a welcome message from the ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING. It says: 'Hello Sandy, Your ADHS Licensing account has been successfully created. Your username is: Sandy.soil@email.com. Click the temporary link to create/verify your password: temporary link. Access to the following Licensing program portals include: Patient and Caregivers: Individual Licensing Portal, Dispensary and Lab Agents: Facility Licensing Portal. Your password will work in both portals. Log in to your account in the applicable portal to submit applications, access cards related to your account, and contact us through the portal. Thank you, ADHS Licensing Team'.

Accessing ADHS Licensing System

ADHS Licensing Management System: Creating an account Login functions

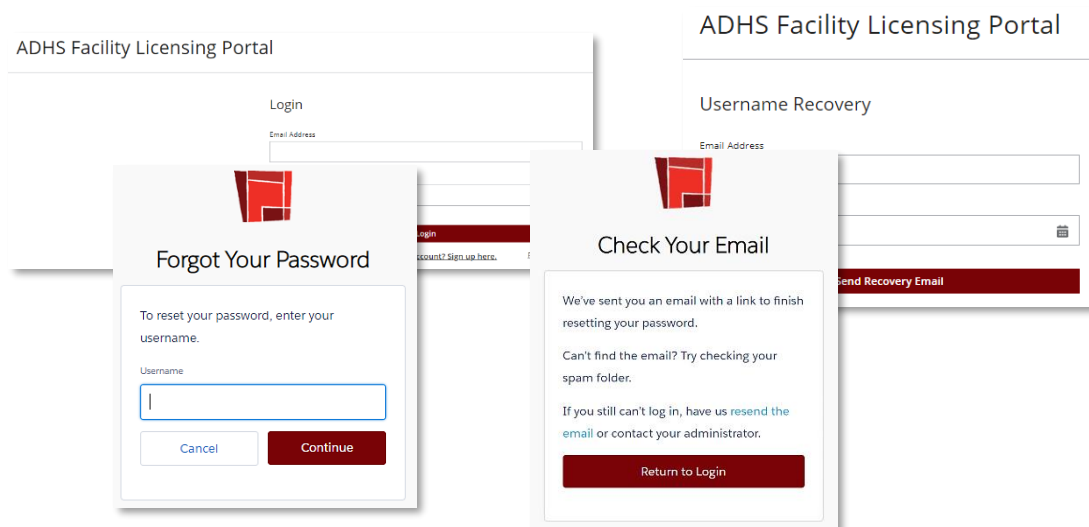
Overview: How to setup your user account

All Facility Licensing Portal users access the portal in the following manner:

1. Login Link: Navigate to the ADHS Medical Marijuana Home page :
www.azdhs.gov/licensing/medical-marijuana
2. Click **Facility Licensing Portal** or **Individual Licensing Portal** link




3. Login Options: Enter credentials to **login** to portal
4. **OR** click (as appropriate)
 - a. **Forgot Username:** Enter credentials (Email Address and Date of Birth) to recover Username
 - b. **Forgot Password:** Enter credentials (Username) to reset Password
 - c. Follow instructions in email to reset password
 - d. **Don't have an account? Sign Up here:** to create an ADHS Licensing System Portal user account



FLP Access and Update Portal Information

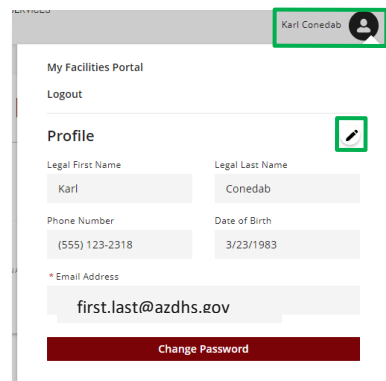
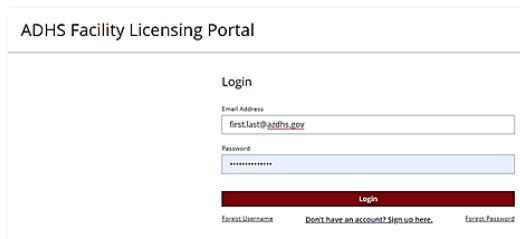
Login to the ADHS Facility Licensing Portal with the portal account information previously created. The profile section of the account has the account holder's personal information. The phone number, email address, and password can be edited from the portal. Remaining profile data (first name, last name, and date of birth) must be changed through a change application.


1. Access login page (link from AZDHS website)
2. Enter **Email Address** and **Password**
3. Click **Login**
4. To View Portal Account Profile, click **<Name>** located in top right corner
5. Click **pencil**  icon to edit fields in Profile section

NOTE: Profile is accessible from all tabs in portal

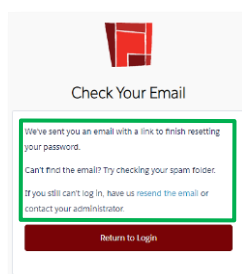
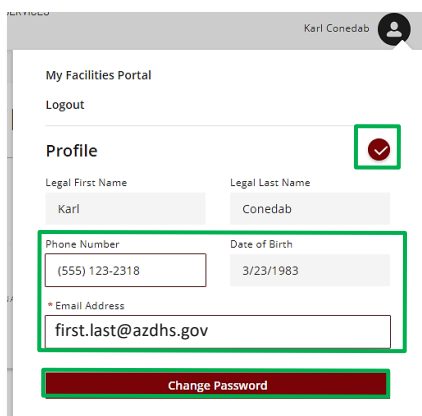
NOTE: To return to portal Navigation, click **My Facilities Portal**

NOTE: **Logout** available from profile



6. Editable fields appear with red outline (Phone number and Email address)
- NOTE:** Email address is the Portal Account username and, once verified, will change the login for all portal account access
7. Click **check mark**  to save any changes made to the account
8. Click **Change Password** to change/reset the portal account password
9. View **Check Your Email** message and follow instructions to finish resetting password
10. Within the body of the email, click **temporary link** and follow instructions to complete the password change/reset process

NOTE: Important to protect the email address (username) and password in order to maintain security of dispensary and persona l information



Additional Information: ADHS Medical Marijuana Program Contacts

ADHS Medical Marijuana Dispensary Program Information	
For issues and questions relating to dispensaries and dispensary agents	
Email	M2dispensaries@azdhs.gov
Phone	(602) 364-0857
Website	www.azdhs.gov/licensing/medical-marijuana
Medical Marijuana Forms and Resources:	https://azdhs.gov/licensing/medical-marijuana/index.php#forms-list
Adult-Use Marijuana Forms and Resources:	https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#forms
Dispensary FAQs	https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary
Dispensary Agent FAQs	https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary-agents
Outside of ADHS business hours: For dispensary agents experiencing technical difficulties with the Card Search & Sales verification system - Phone (855) 280-8109	

Supported Browsers	
Firefox	Latest Version
Google Chrome	Latest Version
Safari	Latest Version
Edge	Latest Version

Supported Mobile Operating Systems

ADHS Licensing System Portal is not dependent on mobile phone type
Portal is accessed through one of the browsers listed above

Android 4.0 or above
iOS 8.0 or above

Additional Information: Warning Sign Template

Per A.A.C. R9-17-310, a dispensary shall post the following information in a place that can be viewed by individuals entering the dispensary.

For more information and the latest version of this document:

<https://azdhs.gov/documents/licensing/medical-marijuana/dispensaries/warning-sign-template.pdf>

“WARNING: There may be potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding,” and

“WARNING: Use of marijuana during pregnancy may result in a risk being reported to the Department of Child Safety during pregnancy or at birth of the child by persons who are required to report.”

Additional Information: Patient Notice of Rights to 3rd Party Lab Results

Per Arizona Revised Statute (A.R.S.) § 36-2803, beginning November 1, 2020, a dispensary shall display in a conspicuous location, a sign that notifies patients of their right to receive the certified independent third-party laboratory test results for marijuana and marijuana products for medical use.

For more information and the latest version of this document:

<https://www.azdhs.gov/documents/licensing/medical-marijuana/dispensaries/lab-results-upon-request.pdf>


Upon request, patients have the right to receive the certified independent third-party laboratory test results for marijuana and marijuana products for medical use.

– A.R.S. § 36-2803

Additional Information: Barcode Scanner Tip Sheet

For more information and the latest version of this form::

<https://azdhs.gov/documents/licensing/medical-marijuana/dispensaries/barcode-scanner-tip-sheet.pdf>



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

Dispensary Barcode Scanner Tip Sheet

Medical Marijuana Licensing Management System

There are multiple factors that could result in barcodes not scanning with ease – reflective surfaces, scanners with lights, the condition of the mobile device screens, etc... Depending on the combination of some of these scenarios, you may experience challenges.

If you experience difficulty scanning the new electronic medical marijuana registry identification cards, please refer to the tips below.

If the patient / caregiver HAS a physical card:

- Use the physical card instead

If the patient / caregiver DOES NOT HAVE a physical card:

- Turn up the phone's brightness level. Dimly lit phones will be more difficult to scan
- Zoom in on the barcode to scan
 - *Note: in most instances this should work; however, it may not work if scanning through glass or when using barcode scanners with lights)*
- Type in the barcode number of the electronic card
- Remove sources of reflection (i.e. covering up the scanner light if it has one, scanning the phone in a dark/covered space, not having reflective surfaces around it)
- Encourage patients and caregivers to clean the surface of their phone – if a phone is scratched or smudged/dirty, it will be more difficult to read

Dispensary Barcode Scanner Tip Sheet – last updated November 27, 2019

Additional Information: Agent Checklist

Dispensary and Laboratory Agent Checklist

This form describes the requirements for the online registration process for new Dispensary Agents.

1	Application Information
<input type="checkbox"/>	Dispensary or Laboratory Agent's
<input type="checkbox"/>	First Name, Middle Initial (if applicable), Last Name and Suffix (if Applicable)
<input type="checkbox"/>	Date of Birth
<input type="checkbox"/>	Gender
<input type="checkbox"/>	Social Security Number (for the fingerprint card)
<input type="checkbox"/>	Identifying number on the applicable card or document (see Section 2 below for list of identification requirements and options), plus the kind of ID used, issuing state (if applicable), and issued date
<input type="checkbox"/>	Dispensary Agent's residential address and county
<input type="checkbox"/>	Dispensary Agent's phone number
<input type="checkbox"/>	Dispensary Agent's email address. This should be the email address the applicant used to create their ADHS Licensing Portal account. The email address should be specific to the applicant and not be in use by any other person or entity
<input type="checkbox"/>	Dispensary Agent's mailing address - check box if same as residential address
2	Documents required to upload into online application
<input type="checkbox"/>	Recommended file format
—	File types recommended: PDF, JPG, PNG, or GIF
—	Cannot exceed 2 MB
<input type="checkbox"/>	Current photograph of the Dispensary Agent:
<input type="checkbox"/>	Taken no more than 60 days for the submission of the application
<input type="checkbox"/>	Image Requirements:
—	2 inches x 2 inches with minimum 600x600 pixels and maximum 1200x1200 pixels
—	In natural color
—	Front view of individual's full face, WITHOUT hat or headgear that obscures the hair or hairline, with a plain white or off-white background
—	Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
—	Image file in the following format: JPG, PNG, or GIF
—	Cannot exceed 10 MB
<input type="checkbox"/>	Other supporting documents
<input type="checkbox"/>	Copy of the Dispensary Agent's
<input type="checkbox"/>	Arizona driver's license issued on or after October 1, 1996; OR
<input type="checkbox"/>	Arizona identification card issued on or after October 1, 1996; OR
<input type="checkbox"/>	Arizona registry identification card; OR
<input type="checkbox"/>	Photograph page in Dispensary Agent's U.S. passport; OR
<input type="checkbox"/>	An Arizona driver's license or identification card issued before October 1, 1996 AND one of the following:
<input type="checkbox"/>	Birth Certificate verifying U.S. citizenship
<input type="checkbox"/>	U.S. Certificate of Naturalization
<input type="checkbox"/>	U.S. Certificate of Citizenship
<input type="checkbox"/>	Signed and dated Medical Marijuana Dispensary Agent / PO/BM Attestation
3	Fingerprints
<input type="checkbox"/>	Although not part of the ADHS online application process, the dispensary agent's fingerprints must be submitted to ADHS via U.S. Mail and include a Fingerprint Verification form. The Department recommends submitting fingerprints about 5 days before submitting the application, to allow for processing time.
<input type="checkbox"/>	Fingerprinting instructions
<input type="checkbox"/>	Fingerprint verification form

Additional Information: Fingerprint Instructions

For more information and the latest version of this form:

<https://www.azdhs.gov/documents/licensing/medical-marijuana/fingerprinting-instructions.pdf>

Medical Marijuana Program Fingerprinting Instructions

Please note that fingerprinting instructions and other instructions may change. Please refer back to the Arizona Department of Health Services (ADHS) website for the most current information. Please **read these entire instructions carefully** before you begin the fingerprinting process.

GENERAL INFORMATION

In accordance with Arizona Revised Statutes (A.R.S.) § 36-2819, fingerprints are required to be submitted to conduct a state and federal criminal records check for the following individuals:

- A designated caregiver (*Arizona Administrative Code* (A.A.C.) [R9-17-202\(F\)\(6\)\(k\)](#));
- A custodial parent and/or legal guardian acting as a designated caregiver for a patient under 18 years of age ([A.A.C. R9-17-202\(G\)\(7\)](#));
- A dispensary agent individual ([A.A.C. R9-17-311\(7\)](#)) who
 - is serving as a principal officer or board member for the dispensary[†]
 - is employed by or contracted with the dispensary
 - is providing volunteer services at or on behalf of the dispensary
- A laboratory agent individual ([A.A.C. R9-17-405](#)) who
 - is serving as an owner for the laboratory^{††}
 - is employed by or contracted with the laboratory
 - is providing volunteer services at or on behalf of the laboratory

[†] Please note that if fingerprint cards were recently submitted to the Department as part of a Dispensary Registration Certificate Application or a Designated Caregiver Registry ID Card Application within the previous 6 months, the principal officers and board members that submitted fingerprint cards may not need to resubmit fingerprint cards with the Dispensary Agent Registry ID Card Application.

^{††} Please note that if fingerprint cards were recently submitted to the Department as part of a Laboratory Certificate Application or a Designated Caregiver Registry ID Card Application within the previous 6 months, the laboratory owners that submitted fingerprint cards may not need to resubmit fingerprint cards with the Laboratory Agent Registry ID Card Application.

The Arizona Department of Public Safety (DPS) may exchange this fingerprint data with the Federal Bureau of Investigation (FBI) without disclosing that the records check is related to the Medical Marijuana Act and acts permitted by it. When the results of the state and FBI records search are no longer needed, ADHS will destroy these records and related fingerprint cards.

Because one set of fingerprints may be illegible, ADHS requires submitting two sets of original fingerprints in order to expedite processing. Prints are to be taken by someone experienced in rolling fingerprints. Please be sure that the prints are legible. If they are smudged or blurred, the prints will be rejected.

DISCLOSURE STATEMENT TO APPLICANTS

Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, ADHS must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in [A.R.S. § 41-1092](#) et al. (Title 41, Chapter 6, Article 10) before ADHS

Updated 03.25.2020

takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the DPS Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

WHERE TO OBTAIN FINGERPRINTING SERVICES AND FINGERPRINT VERIFICATION FORMS

Check with your local law enforcement agency to determine if they provide fingerprint cards and public fingerprinting services. You may also check for a private fingerprinting company to provide this service.

You may be charged a fee by the fingerprinting entity for the "rolling" of your fingerprints. You should have the individual rolling your fingerprints sign the card in the designated space. You must use the blue and white fingerprint card #FD-258. You should be provided with the appropriate fingerprint card by either the law enforcement agency or private company you use. Please note that DPS will not provide the fingerprint card stock nor complete the fingerprinting.

The Fingerprint Verification Form is to accompany the fingerprints when mailed to ADHS. This form can be found on the [Forms](#) page of the Medical Marijuana Program website. The envelope is to be properly sealed as described in this form.

HOW TO MAIL COMPLETED PACKAGE

Once you have completed your application on-line, the system will direct you to print out your application. The printed application will include a page titled "Fingerprint Submission Information." Please include a copy of this page only from the application, along with the two sets of original fingerprints and the Fingerprint Verification Form into an envelope. The fingerprint technician is to then properly seal the envelope as described in the Fingerprint Verification Form and sign his/her name across the seal.

Please mail the packet to:

Arizona Department of Health Services
ATTN: Medical Marijuana Department
P.O. Box 190000
Phoenix, AZ 85005

*Please mail cards in an envelope that will not cause the fingerprint card to be folded or creased.
All cards must be mailed to ADHS. DO NOT send the fingerprint cards to the DPS or the FBI.*

Sample Fingerprint Card and Required Information
(The information may be typed or **legibly** printed)

APPLICANT		TYPE PRINT ALL INFORMATION IN BLACK LAST NAME PARAJ FIRST NAME DOUG MIDDLE NAME DENISE		(b) LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED _____		ALIASES AKA DOUG, JANE D		O _____	
RESIDENCE 222 SKY WALKER DR WONDERFUL, AZ 87552		CITIZENSHIP CTZ USA		DATE OF BIRTH 05/05/55	
DATE _____		YOUR NO. CL LEAVE BLANK		HEIGHT 5'2" WEIGHT 120 BLOOD TYPE BRO HAIR BLK	
EMPLOYER AND ADDRESS LEAVE BLANK		FBI NO. EL		PLACE OF BIRTH POB AZ	
REASON FINGERPRINTED LEAVE BLANK		ARMED FORCES NO. MMU		CLASS _____	
		SOCIAL SECURITY NO. 555-55-5555		RET. _____	
		MISCELLANEOUS NO. MMU			
		LEAVE BLANK			

SAMPLE

SAMPLE

SAMPLE ONLY

1. R THUMB

 6. L THUMB

2. R INDEX

 7. L INDEX

3. R MIDDLE

 8. THUMB

4. R RING

 9. L RING

5. R PINKY

 10. L PINKY

+
 LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

+
 RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

The following information **MUST** be completed on both cards:

- **Name:** The applicant's full name should be in the last name, first name, middle name sequence.
- **Date of Birth:** Date of birth should be in MM/DD/YYYY format.
- **Place of Birth:** Enter the two letter state abbreviation and if the Place of Birth is a foreign country, please spell the name out.
- The date the applicant was fingerprinted and the signature of the person taking the prints should be placed in the appropriate blocks.
- **Aliases/AKA:** Enter any known aliases, including maiden names.
- **Citizenship:** Enter the country of citizenship.

Updated 03.25.2020

- **Residence of Person Fingerprinted:** List the street address, city, state and zip code of the person being fingerprinted. Enter the residence address, not mailing address.
- **Signature of Person Fingerprinted:** Applicant to sign in ink.
- **Social Security Number:** Enter the applicant's social security number.
- **Sex:** Use M for Male and F for Female.
- **Race:** Use the following letters:
W – White
H – Hispanic
B – Black
I – American Indian or Alaskan Native
A – Asian or Pacific Islander
U – Unknown
- **HGT (Height):** Enter height in feet and inches such as 5'7", not 71 inches. Do not use fractions.
- **WGT (Weight):** Enter weight in pounds as a whole number. For example, 180 pounds is 180.
- **Eyes:** Your eye color. Use the following abbreviations:
BLK – Black BLU – Blue
BRO – Brown GRY – Grey
GRN – Green HAZ – Hazel
- **Hair:** Your hair color. Use the following abbreviations:
BLK – Black BRO – Brown
GRY – Grey RED – Red
WHI – White BLD – Bald
BLN – Blonde XXX – Unknown

Fingerprinting DOs and DON'Ts

DO	DO NOT
Type or print all information in black.	Highlight any of the fingerprint portions of the card.
Indicate any amputations or missing fingers at birth in the correct finger blocks.	DO NOT complete any "Leave Blank" fields on the card
See instructions on the reverse of the card regarding other physical problems in taking a good set of fingerprints.	
Ensure two complete sets of fully rolled and inked fingerprint impressions are submitted. Fingerprints must be rolled from side of nail to side of nail. All impressions must be within the Blue Box, no overlapping, for each print.	
Ensure all impressions are taken in the proper order and are legible.	

Updated 03.25.2020

Additional Information: Fingerprint Verification Form

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/fingerprint-verification-form.pdf>


Medical Marijuana Program Fingerprint Verification Form	
<p>This form is to be <i>completed by the fingerprint technician</i> taking your fingerprints to submit as part of the Arizona Medical Marijuana Dispensary Agent, Laboratory Agent, Designated Caregiver, or Minor Caregiver (Custodial Parent/Legal Guardian) application.</p>	
<p><u>Attention Fingerprint Technician</u></p> <p>Please follow the instructions below for fingerprinting this applicant:</p>	
<ol style="list-style-type: none">1. Please fill out or ensure that the applicant has filled out all of the required boxes on the fingerprint cards prior to taking the fingerprints.2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint cards.3. Fill out the information in the boxes below. Please print clearly.4. Once the prints have been taken:<ul style="list-style-type: none">• Place the fingerprint cards and this form into the envelope and seal it.• Please sign your name across the edge of the seal.• Return the sealed envelope to the applicant.	
<p><u>*Do not give the applicant the fingerprint card without first sealing it inside the envelope and signing across the edge of the seal.</u></p>	
<p>PRINT the following information, and SIGN your name:</p>	
Date	First and Last Name of Applicant
Type of Photo ID provided (check one) ____ Driver's License/MVD Issued State ID # _____ ____ Passport # _____ ____ Other (please specify) _____	
Fingerprint Technician Signature: _____	
Fingerprint Technician Name (Printed): _____	
Fingerprint Technician Agency/Company Name and Title: _____	
Rev September 2014	

Additional Information: PO/BM DRC Attestation Form

Completed by PO/BM and then uploaded to online facility applications

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/applications/pobm-initial-drc-attestation.pdf>



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

**MEDICAL MARIJUANA PROGRAM
PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION**

I, _____, attest that:
(Please print full legal name)

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
◦ Notice: A conviction remains an excluded felony offense under AMMA even if it has been set aside following completion of sentence. See *Parsons v. Ariz. Dep't of Health Servs.*, 242 Ariz. 320, 395 P.3d 709 (App. 2017).
- I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.
- If issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains approval to operate from the Department.
- The information provided to the Department to apply for a dispensary registration certificate is true and correct.

Principal Officer/Board Member Signature

Date Signed


Revised 04.28.2020

Additional Information: PO/BM Initial Establishment Attestation Form

Completed by PO/BM and then uploaded to online Initial Establishment License Application

For more information and the latest version of this form::

<https://azdhs.gov/documents/licensing/medical-marijuana/pobm-attestation-initial-establishment.pdf>



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

**ADULT USE OF MARIJUANA PROGRAM
PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION
FOR INITIAL ESTABLISHMENT LICENSE APPLICATION**

I, _____, attest that:
(Please print full legal name)

- I understand and will comply with the requirements in A.R.S. Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18.
- If issued a marijuana establishment license, the proposed establishment will not operate until the proposed establishment is inspected and obtains approval to operate from the Department.
- The information provided to the Department to apply for a marijuana establishment license is true and correct.

Principal Officer/Board Member Signature

Date Signed

Revised 12.14.2020

Additional Information: PO/BM Dual Application Attestation Form

Completed by PO/BM and then uploaded to online Dual License Application

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/pobm-dual-application-attestation.pdf>



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

**ADULT USE OF MARIJUANA PROGRAM
PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION**

I, _____, attest that:
(Please print full legal name)

- I am a principal officer or board member for the medical marijuana dispensary listed on this application, and I approve this application for a marijuana establishment license.

Principal Officer/Board Member Signature

Date Signed

Revised 12.14.2020

Additional Information: Facility Agent Checklist

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/facility-agent-checklist.pdf>

Facility Agent Checklist

This form describes the requirements for the online registration process for new Facility Agents.

1 Application Information

☐ Facility Agent's

- ☐ First Name, Middle Initial (if applicable), Last Name and Suffix (if applicable)
- ☐ Date of Birth
- ☐ Gender
- ☐ Social Security Number (for the fingerprint card, if applicable)
- ☐ Identifying number on the applicable card or document (see Section 2 below for list of identification requirements and options), plus the kind of ID used, issuing state (if applicable), and issued date
- ☐ Facility Agent's residential address and county
- ☐ Facility Agent's phone number
- ☐ Facility Agent's email address. This should be the email address the applicant used to create their ADHS Licensing Portal account. The email address should be specific to the applicant and not be in use by any other person or entity
- ☐ Facility Agent's mailing address - check box if same as residential address

2 Documents required to upload into online application

☐ Recommended file format

- File types recommended: PDF, JPG, PNG, or GIF
- Cannot exceed 2 MB

☐ Current photograph of the Facility Agent:

- ☐ Taken no more than 60 days for the submission of the application
- ☐ Image Requirements:
 - 2 inches x 2 inches with minimum 600x600 pixels and maximum 1200x1200 pixels
 - In natural color
 - Front view of individual's full face, WITHOUT hat or headgear that obscures the hair or hairline, with a plain white or off-white background
 - Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
 - Image file in the following format: JPG, PNG, or GIF
 - Cannot exceed 10 MB

☐ Other supporting documents

☐ Copy of the Facility Agent's

- ☐ Arizona driver's license issued on or after October 1, 1996; OR
- ☐ Arizona identification card issued on or after October 1, 1996; OR
- ☐ Arizona registry identification card; OR
- ☐ Photograph page in Facility Agent's U.S. passport; OR
- ☐ An Arizona driver's license or identification card issued before October 1, 1996 AND one of the following:
 - ☐ Birth Certificate verifying U.S. citizenship
 - ☐ U.S. Certificate of Naturalization
 - ☐ U.S. Certificate of Citizenship
- ☐ Level 1 Fingerprint clearance card (FCC) issued according to A.R.S. § 41-1758.07, if applicable. If the applicant does not have an FCC, the applicant must mail fingerprint cards to the Department as described in Item 3.

☐ Signed and dated Facility Agent Attestation

3 Fingerprints

Although not part of the ADHS **online** application process, if the applicant does not have a Level 1 Fingerprint Clearance Card (FCC), the applicant's fingerprints must be submitted to ADHS via U.S. Mail and including a Fingerprint Verification Form. The Department recommends submitting fingerprints about 5 days before submitting the application, to allow for processing time. **Do not submit fingerprints cards if you are submitting an FCC.**

- ☐ Fingerprint instructions
- ☐ Fingerprint Verification Form


Revised 12/14/2020

Additional Information: Facility Agent Attestation Form

Completed by Facility Agent applicant and then uploaded to online Facility Agent applications

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/facility-agent-attestation.pdf>



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

**ADULT USE OF MARIJUANA PROGRAM
FACILITY AGENT ATTESTATION
FOR FACILITY AGENT APPLICATION**

I, _____, attest that:
(Please print full legal name)

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
- I am at least 21 years of age;
- The information provided to the Department to apply for a facility agent card is true and correct.

Disclosure for applicants submitting fingerprint cards:

Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, the Arizona Department of Health Services (ADHS) must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in A.R.S. §41-1092 et al. (Title 41, Chapter 6, Article 10) before ADHS takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (DPS) Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

Signature of Facility Agent Applicant

Date Signed


Revised 12.15.2020

Additional Information: PO/BM Non-DRC Attestation Form

Completed by PO/BM and then uploaded to online facility applications

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/applications/pobm-non-drc-attestation.pdf>



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM
PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

I, _____, attest that:
(Please print full legal name)

The information provided to the Department is true and correct in this application requesting approval to:

- ☐ Operate Dispensary
- ☐ Renew Dispensary Registration Certificate
- ☐ Change-Location of Dispensary
- ☐ Change-Add Cultivation On-Site
- ☐ Change-Add Cultivation Off-Site
- ☐ Change-Prepare Edibles (Kitchen)
- ☐ Change-Sell Edibles
- ☐ Change-Dispense Edibles
- ☐ Change-Modify Licensed Facility
- ☐ Change-Decertify Currently Licensed Site
- ☐ Update Dispensary Information

Principal Officer/Board Member Signature _____ Date Signed _____

Revised 04.28.2020

Additional Information: DA or PO/BM Attestation Form

Completed by DA and PO/BM and then uploaded to online Dispensary Agent application

NOTE: Full legal name of DA must be provided on form

For more information and the latest version of this form:

<https://azdhs.gov/documents/licensing/medical-marijuana/agents/dispensary-agent-member-attestation-form.pdf>

**MEDICAL MARIJUANA PROGRAM
DISPENSARY AGENT or PO/BM ATTESTATION**

I, _____, attest that:
(Please print full legal name)

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
*Notice: A conviction remains an excluded felony offense under AMMA even if it has been set aside following completion of sentence. See *Parsons v. Ariz. Dep't of Health Servs.*, 242 Ariz. 320, 395 P.3d 709 (App. 2017).
- I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 26, Chapter 28.1.

Disclosure:
Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, the Arizona Department of Health Services (ADHS) must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in A.R.S. § 41-1092 et al. (Title 41, Chapter 6, Article 10) before ADHS takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (DPS) Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

Dispensary Agent or PO/BM Signature

Date Signed

The section below applies only to the Dispensary Principal Officers and/or Board Members

I, _____, am designated to submit dispensary agent applications on the
(Please print name legibly)

dispensary's behalf.

Signature

Date Signed

Revised 03.24.2020

FBI Privacy Statement Act

For more information: <https://azdhs.gov/documents/licensing/medical-marijuana/applications/fbi-privacy-act-statement.pdf>

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).